



# IMPROVING MEDICAL CARE FOR LGBTQ PATIENTS

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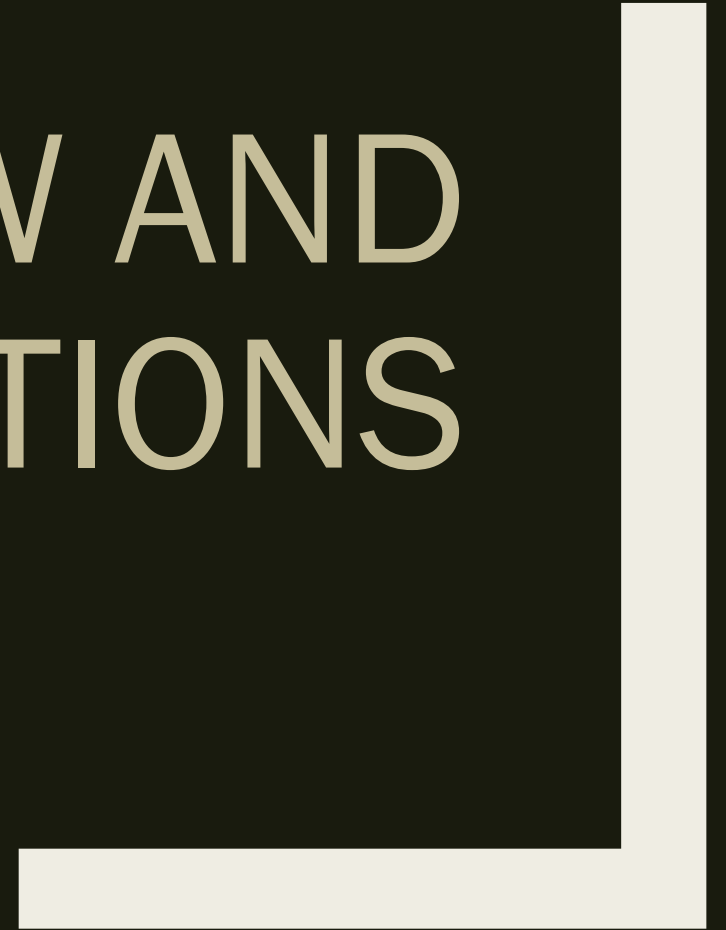
# Disclosures

- I have no financial interests or relationships to disclose
- I intend to reference unlabeled/unapproved uses of drugs or products in my presentation, specifically the use of GNRH analogues to block puberty in transgender youth and use of testosterone and estrogen to confirm gender in transgender adolescents and adults.
- Many slides from this talk are from the Fenway Institute, [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org), and are used with permission

# *How Much Do You Know About LGBTQ Care?*

- A. Beginner
- B. I am pretty solid on LGBTQ vocabulary...
- C. ...and I am confident I know about LGBTQ health disparities
- D. ...and I have started making my office more welcoming to LGBTQ patients
- E. I could probably teach this course!

# BASIC OVERVIEW AND DEFINITIONS



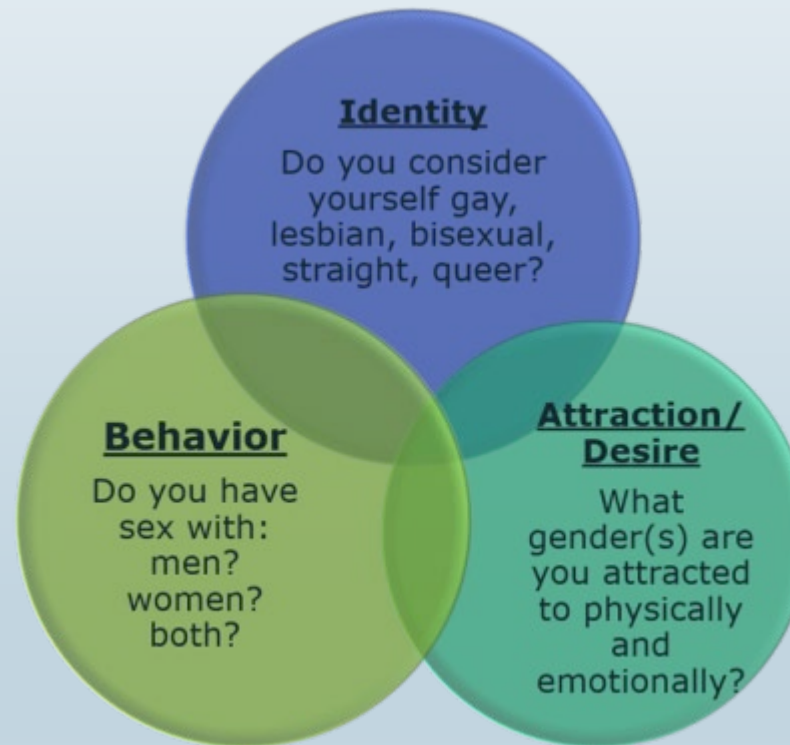
# Basic Concepts and Definitions

- All people have a sexual orientation and gender identity
  - *How people identify can change*
  - *Terminology varies*
- Gender Identity ≠ Sexual Orientation



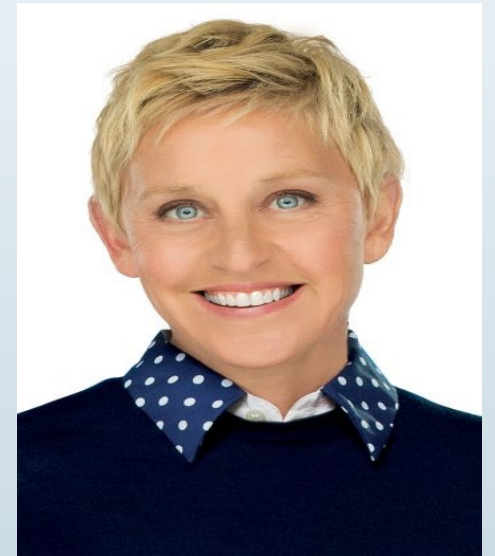
# Sexual Orientation

Sexual orientation describes patterns of emotional, romantic, and sexual attraction—and/or one's sense of personal and social identity based on those attractions—and/or one's sexual behavior



# Terms Used to Describe Sexual Orientation

- Gay
- Lesbian
- Heterosexual
- Bisexual
- New terms in common use



# Gender Identity and Gender Expression

## ■ Assigned Sex

- *What was assigned at birth based on their ‘parts’ or chromosomes*

## • *Gender Identity*

- *A person's internal sense of their gender (do I consider myself male, female, both, neither?)*
- *All people have a gender identity*

## ■ Gender Expression

- *How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles*
- *May be on a spectrum*

# Cisgender

- Having a biological sex that matches your gender identity
- Identifying with the gender one was assigned
- May use 'he/him' or 'she/her' pronouns



# Transgender

- Umbrella term for someone's *gender identity* not being the same as *assigned sex at birth*
- Transgender people span all ethnicities, ages, abilities and communities
- Transgender is not a diagnostic term, it does not imply a medical condition
- Transgender is an adjective.
  - Transgender male rather than transgendered male
  - Transgender patients rather than transgenders

# Trans Woman

- Alternate terms: trans female, trans feminine
- Medical terms: AMAB (assigned male at birth), MTF (male-to-female)
- Often uses she/her pronouns
- May take estrogen and/or have gender confirming surgery



# Trans Man

- Alternate terms: trans masculine, trans male
- Medicalized terms: AFAB (assigned female at birth, FTM (female-to-male)
- Often uses he/him pronouns
- May take testosterone and/or have gender confirming surgery



# Non-Binary

- Alternate terms: Gender Non-Conforming, Genderqueer
- Gender increasingly seen as on a spectrum/universe
- Gender increasingly viewed as fluid
- Encompasses a variety of gender presentations and identities
- May identify with neither male nor female
- May refer to themselves as: they, ze, hir
- May take testosterone or estrogen, may have surgery, may be AMAB or AFAB



# Reviewing Terminology

## **Sexual Orientation**

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

## **Gender Identity**

- What your internal sense tells you your gender is

## **Sex**

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

## **Gender Expression**

- How you present your gender to society through clothing, mannerisms, etc.



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# Key points

- Everyone has the right to **self identify** their gender identity and sexual orientation
- If someone uses an unfamiliar term, ask them what it means to them
- Honor the patient's gender identity by using the **pronoun** and **name** that the patient uses

# Intersectionality: A Web of Factors



# A Black Transman

- A transman has to deal with transphobia. A black man has to deal with racism. But a black transman will have to deal with transphobia and racism (often at the same time). It is often the case that he will face racism inside the LGBT community and transphobia in the black community and often in the LGB community.

See more at: <http://www.equality-network.org/our-work/intersectional/#sthash.uUMCTvIX.dpuf>



# HEALTH DISPARITIES AND LGBTQ PEOPLE



# Health Disparities

- There is growing research documenting the disparities in health between LGBTQ patients and cisgender/heterosexual patients
- LGBTQ people experience discrimination due to **homophobia** and **transphobia** in employment, education, housing and health care

# LGBT Disparities: Healthy People 2020

- LGBT youth
  - *2 to 3 times more likely to attempt suicide.*
  - *More likely to be homeless (20-40% are LGBT)*
  - *Risk of HIV, STDs*
- MSM are at higher risk of HIV/STDs, especially among communities of color
- LGBT populations have the high rates of tobacco, alcohol, and other drug use. Tobacco use has decreased in the general population but barely changed in LGBT population.
- Lesbians are less likely to get preventive services for cancer
- Elderly LGBT individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services

# LGBT Disparities: 2015 US Transgender Survey

- One in four (25%) respondents experienced a problem with their insurance in the past year related to being transgender, such as being denied coverage for care related to gender transition.
- One-third (33%) of respondents who had seen a health care provider in the past year reported having at least one negative experience related to being transgender, such as verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care.
- In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 33% did not see a doctor because of cost.
- While more than three-quarters (78%) of respondents wanted hormone therapy related to gender transition, only 49% had ever received it.

# Vulnerability to Poverty

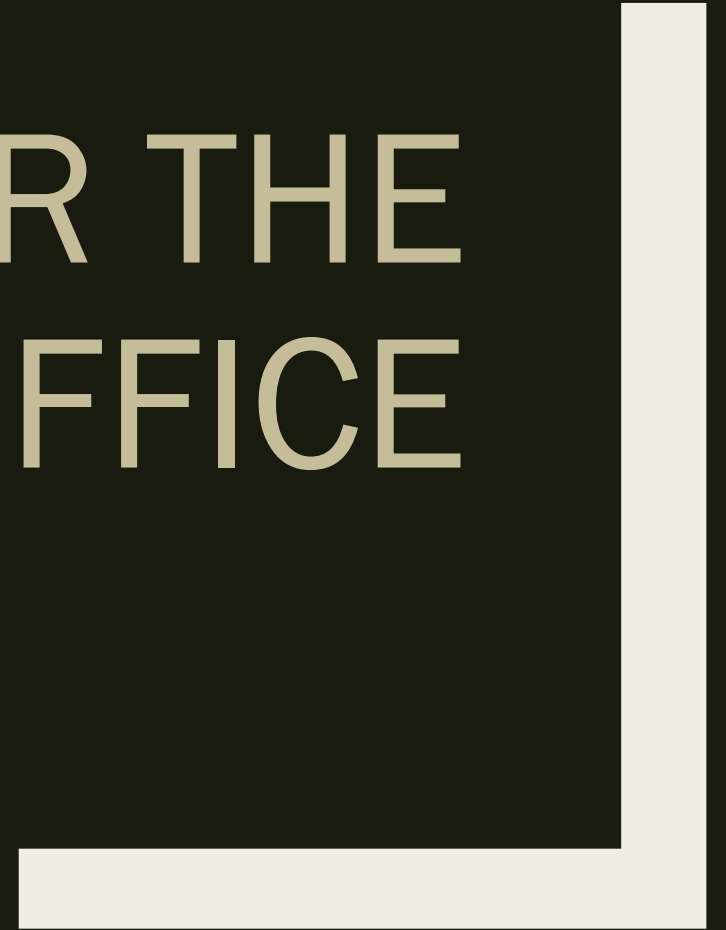
- While children generally have higher rates of poverty than adults, children of LGB parents are especially vulnerable to poverty
  - *African American children in gay male households have the highest poverty rate (52.3%) of any children in any household type*
  - *the rate for children living with lesbian couples is 37.7%*
- Transgender respondents to the National Transgender Discrimination Survey (NTDS) were 4 times more likely than the general population to have a household income of less than \$10,000

<http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>

## *From 2010-2016, HIV in MSM (men who have sex with men)...*

- A. Has increased regardless of race
- B. Has decreased regardless of race
- C. Has stabilized regardless of race
- D. Has affected African-American, Hispanic and Caucasian men differently

# NEXT STEPS FOR THE MEDICAL OFFICE



# 1. Establish an Accepting Culture

- Senior management actively engaged and trained
- Policies reflect the Needs of LGBT People
  - *Non-discrimination policies (patient and employment)*
    - Sexual Orientation, Gender Identity, Gender Expression

# Parents of Transgender Youth

- \* Use my child's affirmed name.
- \* Use my child's affirmed gender pronouns.
- \* Don't make every visit about the genitals or gender identity!



## 2. Outreach and Engagement of LGBTQ People in Your Community

- Focus group with patients or community organizations
- Involvement with community events
- Acknowledge LGBT awareness 'holidays'

### 3. All Staff Receive Training on Culturally-Affirming Care for LGBTQ People

- Terminology
- Health disparities
- Avoiding assumptions
- Avoiding stereotypes

# Training: Anticipating and Managing Expectations

- You are almost certainly not the first health care staff person an LGBT individual has met.
- If the patient has experienced insensitivity, a lack of awareness, or discrimination, he or she may be on guard, or ready for more of the same from you.
- Don't be surprised if a mistake, even an honest one, results in an emotional reaction.
- Don't personalize the reaction
- Apologizing when patients have uncomfortable reactions, even if what was said was well intentioned, can help de-fuse a difficult situation and re-establish a constructive dialogue about the need for care.

# Training: Avoiding Assumptions

- You cannot assume someone's gender or sexual orientation based on how they look or sound
- To avoid assuming gender or sexual orientation with new patients:
  - *Instead of: "How may I help you, sir?"*
  - *Say: "How may I help you?"*
  - *Instead of: "Do you have a wife?"*
  - *Say: "Are you in a relationship?"*
  - *Instead of: "What are your mother and fathers' names?"*
  - *Say: "What are your parents' names."*

# Training: Putting it into practice...

- If you are unsure about a patient's name or pronoun
  - *“I would like to be respectful- what name and pronoun would you like me to use?”*
- If a patient's name doesn't match insurance or medical records
  - *“What is the name on your insurance?”*
- If you accidentally use the wrong name or pronoun
  - *“I'm sorry. I didn't mean to be disrespectful”*

# Training: Create an environment of accountability

- Everyone work together
- Don't be afraid to politely correct your colleagues if they use the wrong names and pronouns or make insensitive comments
- Don't gossip about patient's appearance or behavior

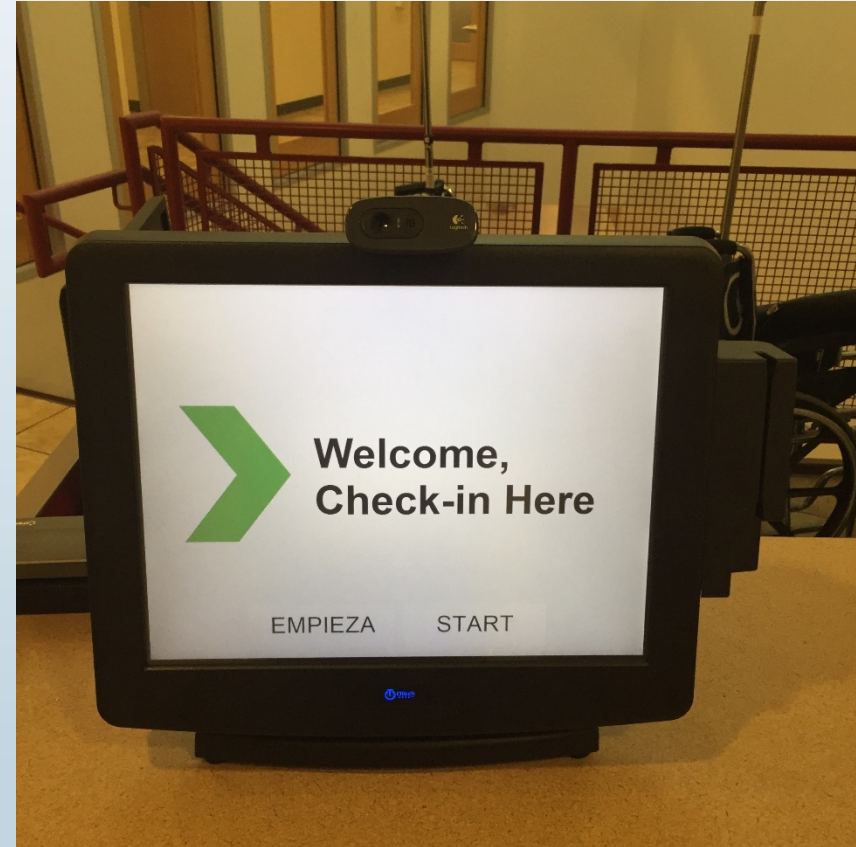
## 4. Processes and Forms Reflect the Diversity of Patients and their Relationships

- Demographics: SO/GI
- Affirmed Name and Pronouns
- Relationship Questions
- Sexual History, Family Planning, Gynecologic History Questions

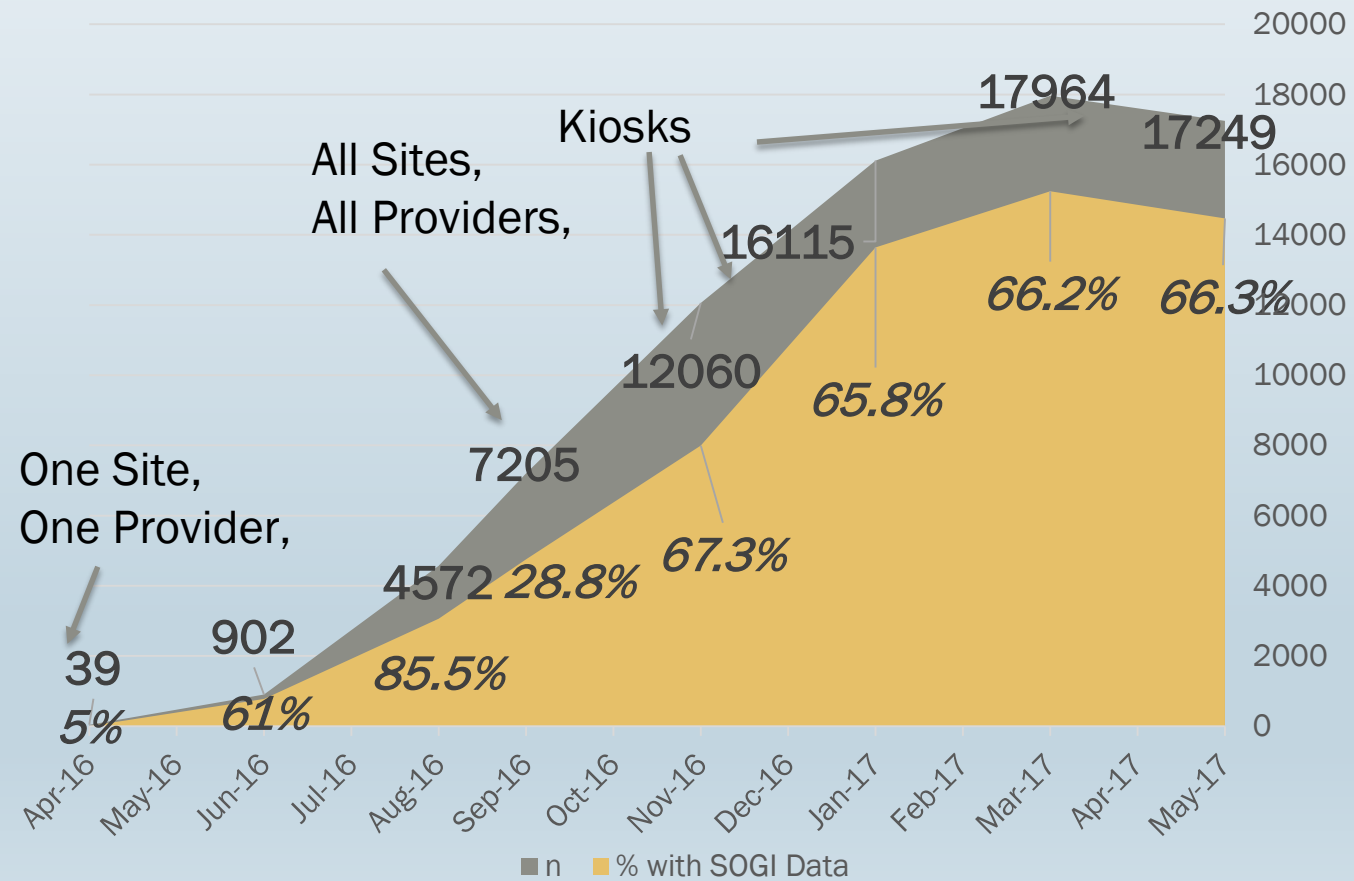
# Forms: Universal Data Collection Form

|   |  |  |   |   |
|---|--|--|---|---|
| <b><u>Homeless Status?</u></b><br><input type="checkbox"/> Doubling-Up<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Street<br><input type="checkbox"/> Transitional<br><input type="checkbox"/> Not Homeless   | <b><u>Do you speak English?</u></b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <b><u>Any Tribal Affiliation?</u></b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Yoeme   | <b><u>Are You a Veteran?</u></b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b><u>Are you Hispanic or Latino/Latina?</u></b><br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Hispanic – Mexican, Mexican/American, Chicano/a<br><input type="checkbox"/> Hispanic – Puerto Rican<br><input type="checkbox"/> Hispanic – Cuban<br><input type="checkbox"/> Hispanic – Another Hispanic, Latino/a or Spanish Origin<br><input type="checkbox"/> Not Hispanic |
| <b><u>What is your Race?</u></b><br><i>(Check All that apply)</i><br><input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Asian: Chinese<br><input type="checkbox"/> Asian: Filipino<br><input type="checkbox"/> Asian: Japanese<br><input type="checkbox"/> Asian: Korean<br><input type="checkbox"/> Asian: Vietnamese<br><input type="checkbox"/> Asian: Other Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> NH/PI: Native Hawaiian<br><input type="checkbox"/> NH/PI: Guamanian or Chamorro<br><input type="checkbox"/> NH/PI: Samoan<br><input type="checkbox"/> NH/PI: Other Pacific Islander<br><input type="checkbox"/> White | <b><u>What is your current gender identity?</u></b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Transgender male/ Trans man/ Female-to-male (FTM)<br><input type="checkbox"/> Transgender female/Trans woman/ Male-to-female (MTF)<br><input type="checkbox"/> Genderqueer, neither exclusively male nor female<br><input type="checkbox"/> Other<br><input type="checkbox"/> Choose not to disclose | <b><u>Do you think of yourself as:</u></b><br><input type="checkbox"/> Straight<br><input type="checkbox"/> Lesbian or gay<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Something else<br><input type="checkbox"/> Don't know<br><input type="checkbox"/> Choose not to Disclose<br><br><b><u>Preferred Name:</u></b><br><hr/> |   |   |
|   | <b><u>What sex were you assigned at birth?</u></b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Choose not to disclose  | <b><u>How would you like to be referred to?</u></b><br><input type="checkbox"/> He<br><input type="checkbox"/> She<br><input type="checkbox"/> They<br><input type="checkbox"/> Ze<br><input type="checkbox"/> Sie or Zie  |   |   |

# Forms 2.0: Kiosk for Data Collection



# Forms: Results

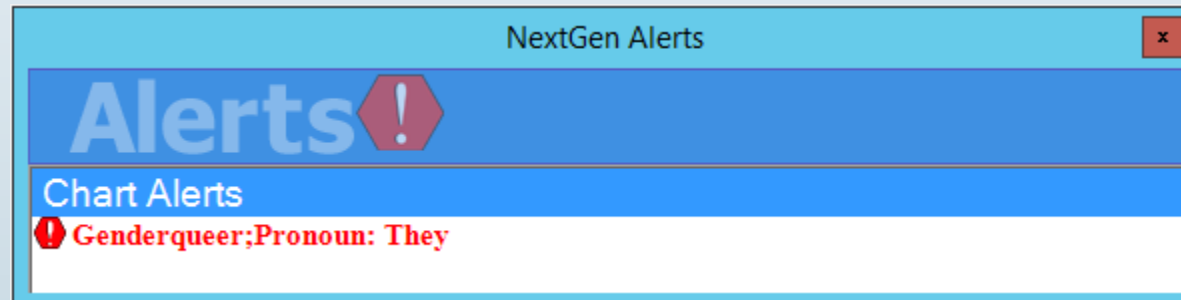


## 5. Improve Your Electronic Health Record for LGBTQ Patients:

*“Don’t ask if they can make it better, tell them what you need”*

- Name
  - Insurance (Billing)
  - Affirmed (All staff)
- Gender Marker
  - Affirmed (All staff)
  - Insurance (Billing)
  - Assigned at birth (Clinical staff)
    - “Inventory of Organs”

# EHR: Practice Management Alert



# EHR: Clinical Alert

Patient Alerts

X

EHR (1) PM (19)

Filter: All

| Type                     | Alert | Comment                   |
|--------------------------|-------|---------------------------|
| <div></div> Confidential | SO/GI | Genderqueer;Pronoun: They |

<

>

Acknowledge

Acknowledge & Close

Add/Edit

Remove

Close

# EHR: Demographics

**Modify Patient Information** [X]

Prefix: Mrs [v] Last: Zzz First: Zzzbebe Middle: Suffix: Previous Last: Nickname: [v]

Social Security: - - Birth Date: 12/22/1983 [v] Age: 32 yrs. Sex: Femal [v] Medical Record: 10131638

Demograph... | Status | **Client Defin...** | Provider | Privacy | Employer | Relations/R... | UDS | Ext | History

SCHC OBTrimester: [v] Sexual Orientation: Straight Or Heterosexual [v]  
SCHC EMR Status: [v] Gender Identity: Transgender Female/Trans Woman/Male-to-fem [v]  
SCHC SWMG EMR Status: [v] Preferred Pronoun: They [v]  
Advanced Directive Given: [v] Sex at Birth: Female [v]  
Dental Program: [v]  
New Patient Packet Given?: Already Received [v]  
BH Consent?: [v]

Nickname field will be utilized for Preferred Name

*How many times did a major EHR unnecessarily mention gender?*

- A. 0-10
- B. 10-100
- C. 100-1000
- D. 1000-5000

## 6. The Physical Environment Welcomes and Includes LGBT People

- Signs and Brochures
- Waiting Area Reading Materials
- Artwork
- Your Website
- Restrooms

# *What bathroom should a non-binary person use?*

- A. Men's room
- B. Women's room
- C. Non-binary room
- D. Depends on their gender expression
- E. I think this is a trick question

## 7. LGBT Staff are Recruited and Retained

- Non-discrimination Policy
- Health Insurance
- Employee Social and/or Support Group

# 8. All Patients Receive Routine Sexual Health Histories

- Who collects the data?
- Address confidentiality and discomfort
- 6 P's
  - *Partners (Men, Women (Including Trans Men or Transwomen) or both?)*
  - *Practices (Be specific!)*
    - Higher-risk practices (Sex for Money, Drugs or Housing; Under the Influence; Coercive)
  - *Past History of STI's*
  - *Pregnancy*
  - *Prevention*
  - *Pleasure*

# 9. Clinical Care and Services Incorporate LGBT Healthcare Needs

## ■ Prevention and Wellness

- *HIV and STI's*
  - Screening, Prevention (PEP, PreP)
- *Cervical Cancer Screening*
  - Lesbians, Bisexual Women, Transmen
  - “If You have it, Test It”
- *Smoking*
- *Comprehensive Family Planning*
- *LGBT-Informed Behavioral Health Services*

## ■ Transgender-Specific Health Care

- *Legal needs*
- *Referrals for Services*
- *Hormones*

*In 2016, the lifetime risk of HIV infection for Latino Men is...*

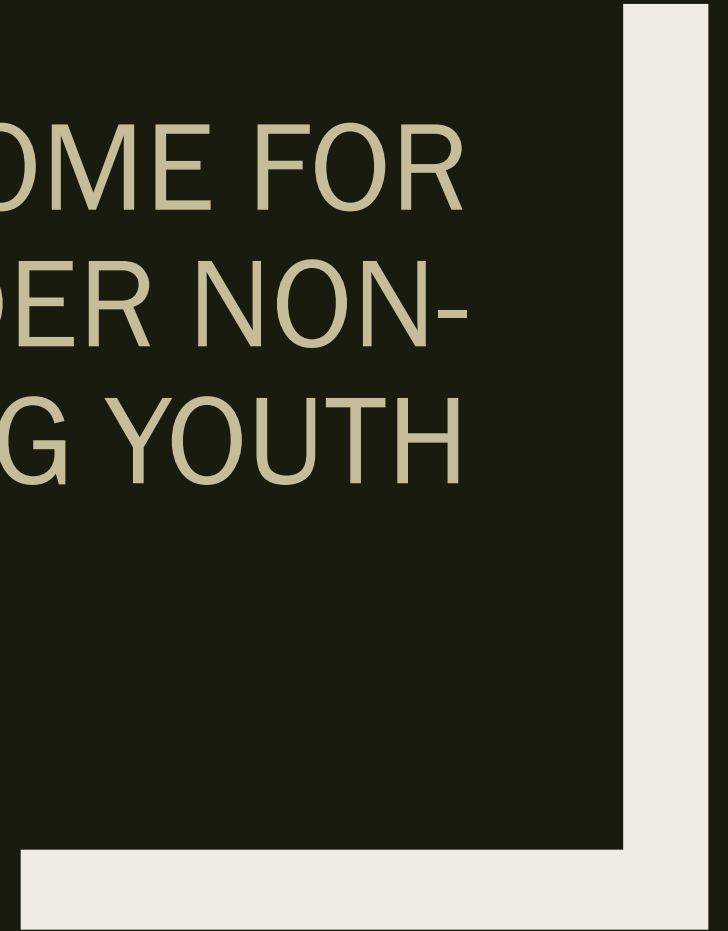
- A. 1 in 11
- B. 1 in 4
- C. 1 in 2

# Appropriate Screening: Jake R's Story

- Jake R is a 45-year-old man who came in with pain and on x-ray what appeared to be metastases from a unknown primary cancer
- Evaluation ultimately showed that he had developed cancer in his residual breast tissue after surgery to remove his breasts
- No one told Jake that he needed routine breast cancer screening, even though his mother and sister also had breast cancer



# MEDICAL HOME FOR TRANSGENDER AND GENDER NON- CONFORMING YOUTH



*At what age will a normally-developing child be able to answer the question “are you a boy or a girl?”*

- A. 12-18 months
- B. 24-36 months
- C. 5-7 years
- D. 10-12 years

# Gender dysphoria

- “Consistent, Persistent, Insistent” gender identity different from assigned sex
- What workup needs to be done?

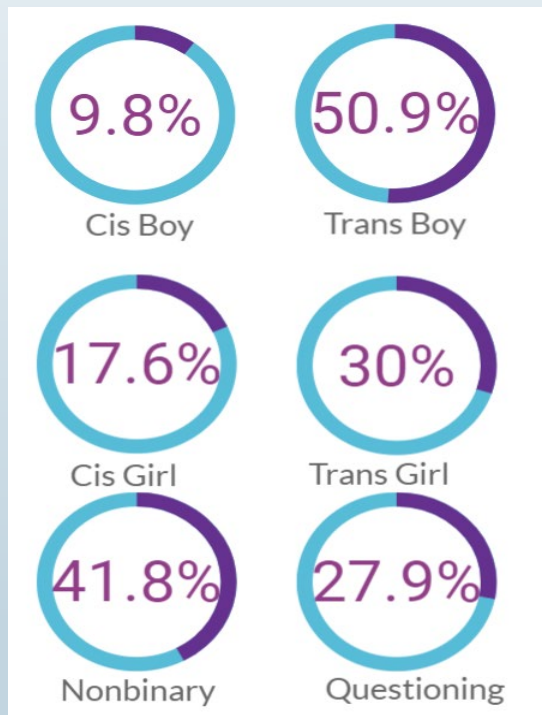


# How Do Gender Dysphoric Youth Present?

- I Heard You Do Hormones...
- Body/Genital Dysphoria
- Anxiety, Depression, Anger
- School Failure
- Victims of Bullying
- Chronic UTI's

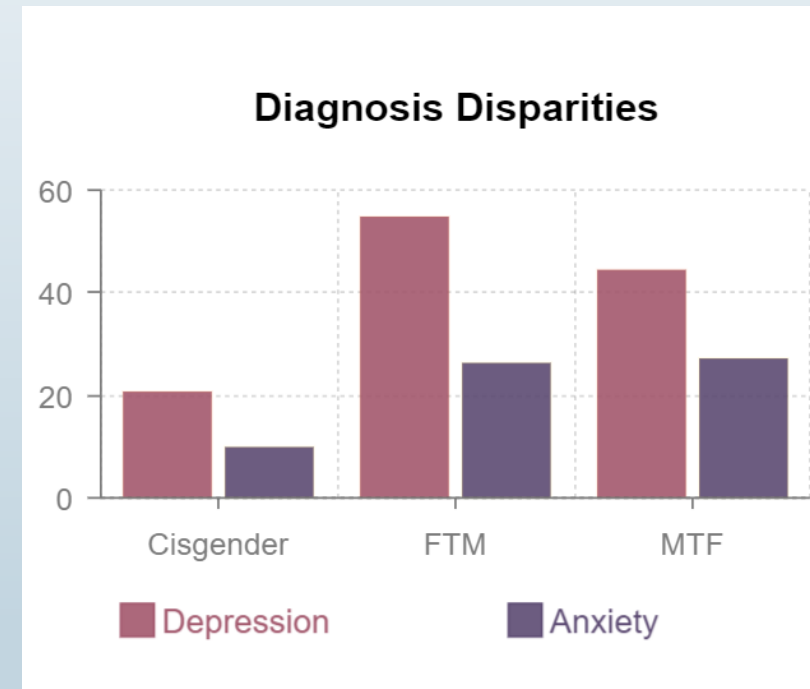
# Trans Youth Disparities: What do we know?

## Suicide Attempts



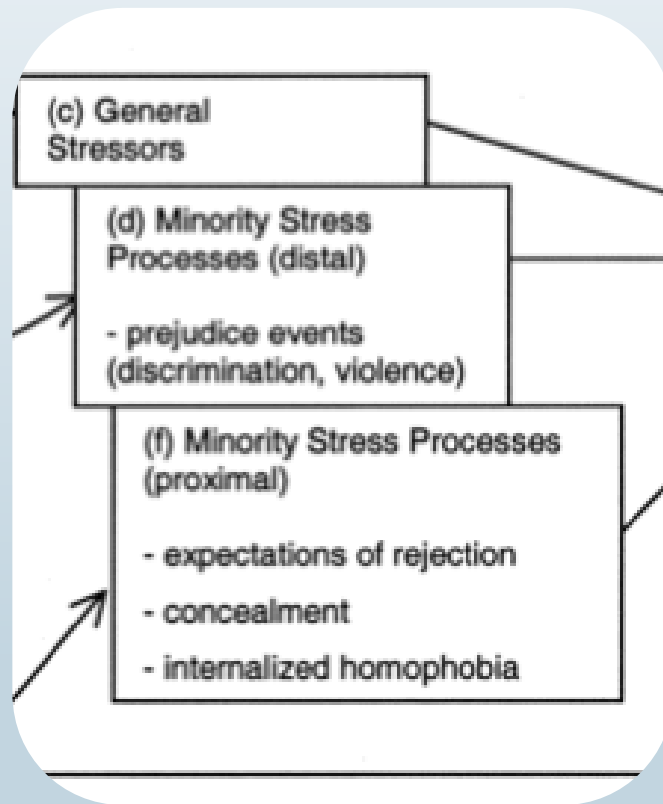
*Toomey et al., 2018, Pediatrics*

## Depression/Anxiety



*Reisner et al, 2016, Journal of Adolescent Health*

# Trans Youth Disparities: Why?



Meyer, 2003, *Psychological Bulletin*

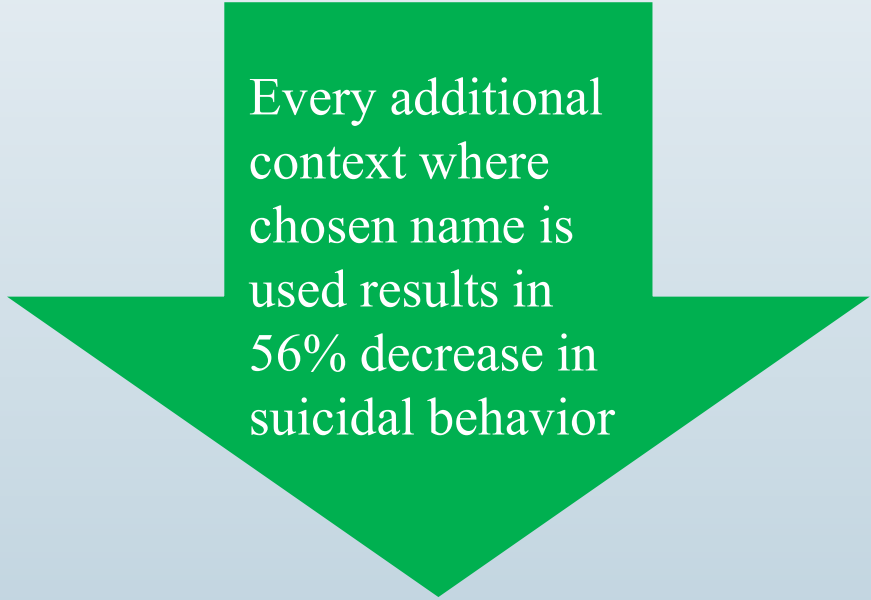


Toomey et al., 2010, *Developmental Psychology*  
McGuire et al., 2010, *Journal of Youth & Adolescence*  
Kosciw et al., 2016, *GLSEN*  
Reisner et al., 2015;  
Grossman & D'Augelli, 2016

# Resilience Factors

## ■ Schools

- *Enumerated harassment policies*
- *Pronoun/name policies*
- *Inclusive curriculum*
- *GSA or similar club*
- *Teacher intervention in bias*
- *Access to gendered facilities*



Every additional context where chosen name is used results in 56% decrease in suicidal behavior

*For review, see Johns et al 2018; Journal of Primary Prevention;  
Russell et al., 2018; JAH*

# Services We Provide

- Primary Care
- Specialty Care
  - *Puberty Blockers*
  - *Hormones*
- Referrals
  - *Community Support*
  - *Mental Health*
  - *Subspecialty Care*
  - *Surgery*

# Medical Interventions by Age

- Supportive, accepting care
- Identification (3-4+) to Puberty
  - *Gender-affirming care (name, pronouns)*
  - *Legal documents*
  - *School support*
  - *Referrals to community organizations*
- Tanner II to 14-16
  - *Puberty 'Pausers'*
- 14-16 and older
  - *Gender-confirming hormones*
  - *Surgery referrals*