



HEALTH CARE DISPARITIES AMONG THE LGBTQ COMMUNITY: CREATING AN INCLUSIVE ENVIRONMENT

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GOALS OF TODAY'S PRESENTATION

- Introduction and definitions
- Define the health disparities that exist
- Explore the roots of the issue
- Report how one health care system improved inclusivity
- Summarize what comprehensive care can look like
- Put theory into action



LGBTQ DEFINED

- Umbrella terms for which includes many groups:
 - Lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, allies, two spirits and pansexual
- Spans all socioeconomic groups, races, ethnicities, ages and religions
- Pronouns are important to the LGBTQ community, can be tricky to use and can take some practice
 - She, her, hers
 - He, him, his
 - They, them, theirs (plural or singular)



INTRODUCTION

- Until 1973, homosexuality was listed in the DSM
- “Reparative therapies” resulted in people of the LGBT community reluctant to seek medical attention
- Highlighted barriers:
 - Decreased access, lack of awareness and insensitivity to their unique health needs, inequitable health system policies and practices



INTRODUCTION CON'T

- LGBT patients find it difficult to disclose their sexual identify/preference to their doctor
 - 30% of LGBTQ adults do not seek health care service or attend a regular healthcare provider, compared to 10% of age-matched heterosexuals
 - In 2013 Health Quality Index 56% of LGB adults and 70% of transgender individuals experience discrimination in health care setting



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HIGHLIGHTED DISPARITIES

- Higher rates of substance abuse, anxiety, depression and suicide
- Higher rates of STIs, cancer, obesity
- Lower rates of mammography and pap smears
- MSM have increased risk of prostate, testicular, anal and colon cancer
- Lesbian and bisexual woman with increased risk of breast, ovarian and endometrial cancer
- Increased risk of HIV, syphilis and hepatitis



HIGHLIGHTED DISPARITIES CON'T

- Higher rates of homelessness
- Higher rates of peer victimization and family rejection
- Higher rates of bullying
- LGBT youth 2-3 times more likely to attempt suicide



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FENWAY INSTITUTE VIDEOS

<https://youtu.be/rnzDExlG-zw>



MEDICAL EDUCATION: A VERY SAD STORY

- Online self assessment questionnaire to n = 9,522 medical students in USA and Canada at 176 allopathic and osteopathic schools
- Focus group: 29 students
- Objective: to determine medical students' preparedness in caring for LGBT patients
 - Health topics covered in the questionnaire included: HIV, other STI (not HIV), sexual orientation, gender identity and coming out
- Medical schools teach a median of 5h on LGBTQ health



QUANTITATIVE RESULTS

- 67% evaluated their LGBT-related curriculum as “fair” or worse
- 79% of students felt prepared in addressing HIV virus
- 69% of students feeling comfortable with non-HIV STIs
- Least prepared in discussing sex reassignment surgery (26%), gender transitioning (28%) and adolescent health (37%)



QUALITATIVE RESULTS - QUOTE #1

"If there's a homosexual patient, I'm going to make sure the needle doesn't prick me. That's just me. I'm just a little more scared about the HIV. That's a little racist or stereotypical, but I'll be honest with you, I don't want any needle pricking me."

--22 yo, 2nd year, South Asian, Straight/heterosexual male

QUALITATIVE RESULTS - QUOTE #2

"I guess I feel comfortable in the fact that...I would always try to do my best for my patient, and I would always try to either look up something or refer them to someone who I think could help their needs. I'd document their needs, but then I'd probably send them somewhere, figure out where."

*--24 yo, 3rd year, black/african-american,
straight/heterosexual female*

QUALITATIVE RESULTS - QUOTE #3

"The only way that you can feel prepared to deal with any population...is to work with them directly and to interface with them. And it's one thing to be given lecture slides about these health disparities there in the community. But unless students are forced to engage with a certain kind of population, like LGBT people, then they're not going to feel comfortable asking questions in a history or asking more of those deep probing-type questions. And so if it weren't for my own personal experiences, I probably wouldn't feel prepared at all."

--31 yo, 1st year, east Asian/native Hawaiian pacific islander/white, gay/queer/bisexual male



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CASE STUDY: UNIVERSITY OF PENNSYLVANIA

Key areas	Examples
Institutional climate and visibility	Supported the launch of an OUTList, which lists out LGBT students, faculty and staff
Health education	Delivery of 10 LGBT health-themed lectures
Patient care	Development of a patient brochure listing Penn providers with specific expertise in LGBT health
Community outreach	Participation in LGBT community events and health fairs



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WHAT IS AN INCLUSIVE ENVIRONMENT?

- Seven focus groups over a three month period in 2008
- 48 participants - 30 patients and 18 health care providers
- 4 key questions/ focus areas:
 - What health care providers can do
 - How paperwork and EMR systems can change
 - Communication for open dialogue
 - LGBT culturally relevant patient education



IMPORTANT ASPECTS OF CLINICAL ENVIRONMENT

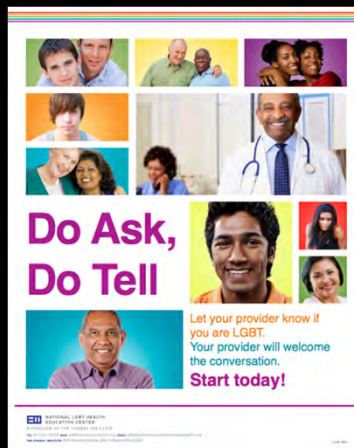
The study broke down the clinical environment into 3 key categories:

- Structural
- Systemic
- Interpersonal



STRUCTURAL ENVIRONMENT

- Physical space and patient flow two most important aspects. With patient flow being the most important
- It is not about doing everything, it is about a small cue for people to feel safe





SYSTEMIC ENVIRONMENT

- Clinical missions and policies, HCP training needs and intake forms most discussed
- Questions on intake forms must be relevant
- LGBT specific templates on EMR
- LGBT friendly directory
- Education material



INTERPERSONAL ENVIRONMENT

- Language cues gave a signal that it was safe to come out
- Transgender patients revealed that part of the responsibility is on them to be educated on how to disclose their gender identity to their team



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LGBT-EMBEDDED VS. LGBT SPECIFIC CARE

- Specific care: serves patients who want to receive care in a totally "out" environment ex. Fenway institute
- Embedded care: serves patients who prefer to disclose their sexual orientation and gender identity to their provider in private ex. FHC
 - Displayed through physical and virtual environment
 - Providers can indicate their focus on LGBT health in their online biography
 - Enlisted on GLMA: Health Professionals Advancing LGBT Equality provider directory
 - Rainbow pins or office posters, books and stickers.



FENWAY INSTITUTE TOP 10

- Engaged leadership
- Explicit inclusive policies
- Outreach & engagement efforts
- All staff training
- Process & forms reflect the diversity of LGBT people & their relationships
- Data collected and available
- Routine sexual health histories
- Clinical care & services incorporate LGBT health care needs
- Welcoming inclusive physical environment
- Recruit and retain LGBT staff





SPECIFIC "QUICK" STRATEGIES

- Language
- Expectations
- Questions
- Barriers
- Charting
- Handling mistakes



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RECAP OF TODAY'S PRESENTATION

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THANK YOU

- Maureen Dunn
- Caroline Fang
- Dr. Lorena Do Ponte
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- Dr. Andy Valeras
- Hesselson Family
- PGY3 class
- NHDFMR
- Evo rock & fitness climbing gym

QUESTIONS?





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