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
LG BTQ 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 LG BTQ 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
• LGBT patients find it difficult to disclose their sexual identity/preference to their doctor

• 30% of LGB/Q 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 women 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/mzDExIG-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
“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
“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

<table>
<thead>
<tr>
<th>Key areas</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional climate and visibility</td>
<td>Supported the launch of an OUTList, which lists out LGBT students, faculty and staff</td>
</tr>
<tr>
<td>Health education</td>
<td>Delivery of 10 LGBT health-themed lectures</td>
</tr>
<tr>
<td>Patient care</td>
<td>Development of a patient brochure listing Penn providers with specific expertise in LGBT health</td>
</tr>
<tr>
<td>Community outreach</td>
<td>Participation in LGBT community events and health fairs</td>
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</tbody>
</table>
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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
The study broke down the clinical environment into 3 key categories:

- Structural
- Systemic
- Interpersonal
• 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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LG BT-EMBEDDED VS. LG BT 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.
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
Webinars & Video Training

All webinars sponsored by the National LGBT Health Education Center are available on-demand for viewing. Access a recording of the webinar, download a copy of the presentation material, and fill out an evaluation all from your home or office, at any time. CME/CEU credit is also offered for on-demand webinars. Detailed information about CME/CEU credits can be found on the website.

To receive CME/CEU credit, you will need to login or register an account.

Webinars will be available on-demand within 48 hours of the live webinar.
Learning Modules

You may also be interested in our On-Demand Webinars which offer a range of topics and include free CME/CEU credit and downloadable content.

If you have any questions or comments, send us your feedback!
RECAP OF TODAY’S PRESENTATION

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THANK YOU

- Maureen Dunn
- Caroline Fang
- Dr. Lorena Do Ponte
- Dr. Aimee Valeras
- Dr. Andy Valeras
- Hesselson Family
- PGY3 class
- NHDFMR
- Evo rock & fitness climbing gym
QUESTIONS?
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- https://lgbt.williams.edu/resources/trans-resources/pronouns/