



WHEN SILENCE DOES NOT EQUAL ACCEPTANCE:

Actively creating a safe healthcare
environment for LGBTQ+ patients

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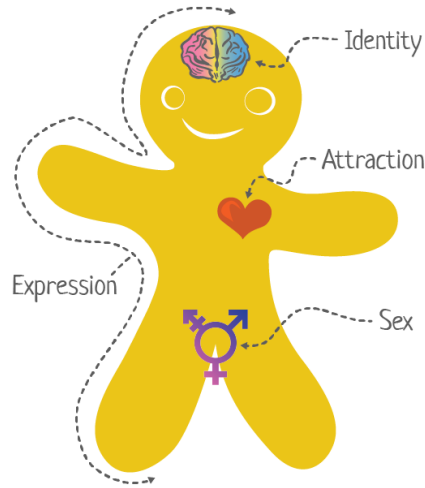


Disclaimer:

- Identities are very personal, sometimes messy concepts
- It is understood, and expected, that you may not say the right thing in all situations, especially if this is newer to you



The Genderbread Person v4 by its pronounced METROsexual sound



⊘ means a lack of what's on the right side.

Gender Identity

⊘ → Woman-ness
⊘ → Man-ness

Gender Expression

⊘ → Femininity
⊘ → Masculinity

Anatomical Sex

⊘ → Female-ness
⊘ → Male-ness

Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
□ Female □ Intersex □ Male

♥ **Sexually Attracted to...** and/or (a/o)

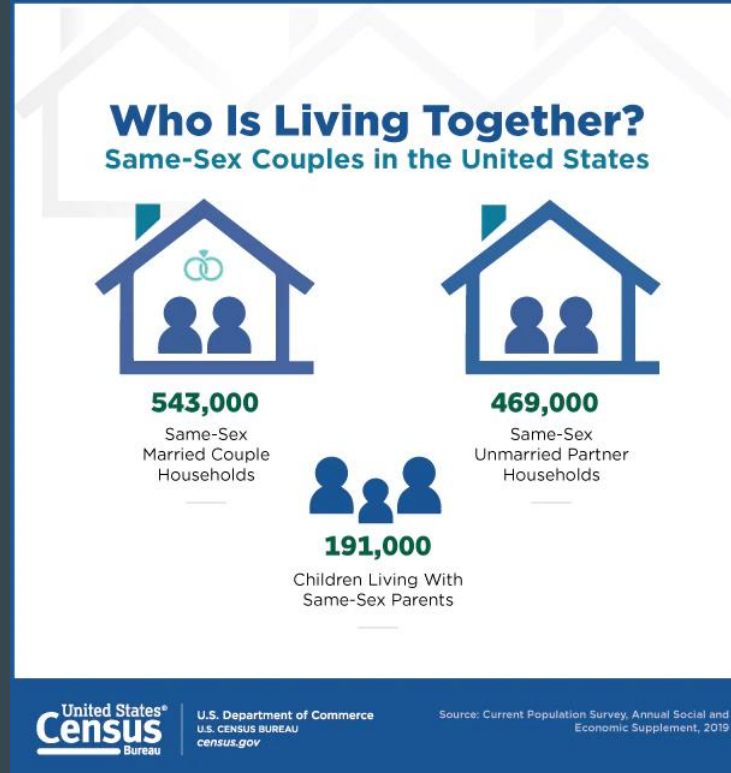
⊘ → Women a/o Feminine a/o Female People
⊘ → Men a/o Masculine a/o Male People

♥ **Romantically Attracted to...**

⊘ → Women a/o Feminine a/o Female People
⊘ → Men a/o Masculine a/o Male People

Why is this important to talk about?

According to 2020 Gallup poll data, approximately 5.6% of Americans identify as LGBTQ+



American Academy of Family Physicians, updated 2021

“[The AAFP supports] access to health care that addresses health disparities that occur within [the LGBTQ+] population, including gender-affirming health care for gender-diverse patients, including children and adolescents... Family physicians are uniquely positioned to provide comprehensive care for LGBTQ+ individuals because of their whole-person focus to create care plans tailored to each patient’s needs over the course of their lifespan.”



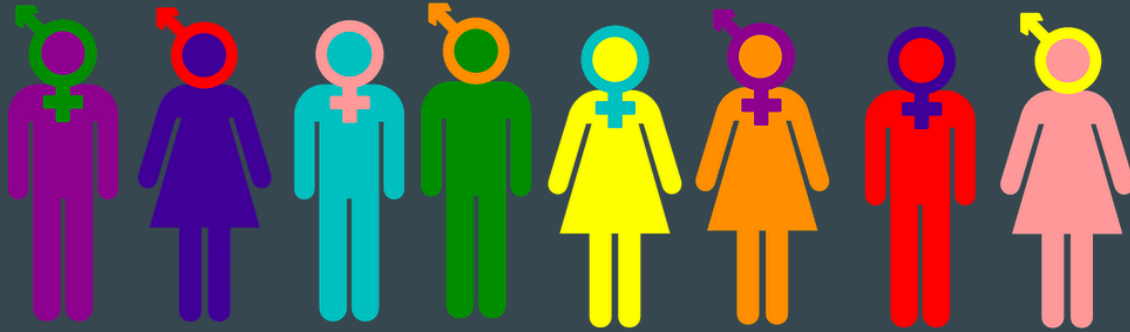
American Medical Association, 2018

“[AMA] believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ”



American Academy of Pediatrics

“Pediatricians’ offices should be teen-friendly and welcoming to all adolescents, regardless of sexual orientation and behavior; this includes training all office staff and ensuring that office forms do not presume heterosexuality of patients (or parents).”



United States Preventive Services Task Force (October 25, 2021)

“The USPSTF is committed to promoting health equity for diverse populations, including based on sex and gender, and ensuring both the specificity and inclusivity of its recommendations. Therefore, the USPSTF will advance its methods and language in every step of its recommendation development process”



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Intimate partner violence, ³⁰ 2018	Screen for intimate partner violence (IPV) in women of reproductive age. (B)	Gender identity	Use neutral language and consider evidence gaps (needed)
Iron deficiency anemia in pregnancy, ³¹ 2015	Insufficient to assess the balance of benefits and harms of routine iron supplementation or screening for iron deficiency for pregnant women. (I)	Biological	Use neutral language (needed)
Lead levels in childhood and pregnancy, ³² 2019	Insufficient to assess the balance of benefits and harms of screening for elevated blood lead levels in asymptomatic pregnant persons and asymptomatic children. (I)	Environment	Use neutral language (done)
Osteoporosis screening to prevent fractures, ³³ 2018	Screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older and younger women at risk. (B) Insufficient to assess the balance of benefits and harms of screening for osteoporosis to prevent osteoporotic fractures in men. (I)	Biological	Clarify population under consideration and consider evidence gaps (needed)



Objectives

- To recognize the importance of actively working to create an inclusive healthcare environment for patients who identify as LGBTQ+
- To consider starting points to work to create this environment, both on an individual and organizational level

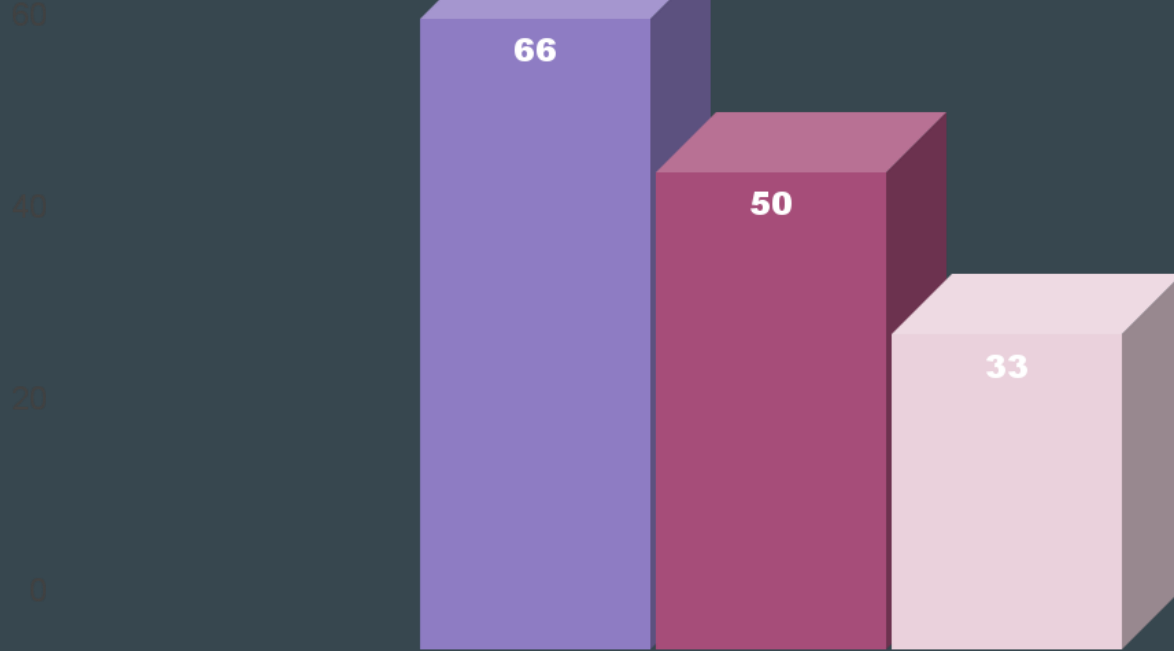


“But I don’t discriminate against any patients; isn’t that enough?”



A survey and focus group of 60 LGBTQ+ youths (13 and up) assessed perceptions of primary care

Survey results:



Survey Results

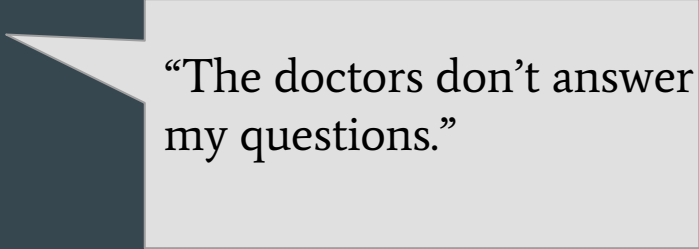
(Snyder et al, 2017)

Focus group results

(Snyder et al, 2017)



Focus group results



“The doctors don’t answer
my questions.”

(Snyder et al, 2017)



Focus group results

“The doctor spoke with me about pregnancy and disregarded what I said about being a lesbian”

“The doctors don’t answer my questions.”

(Snyder et al, 2017)

Focus group results

“Doctors are uncomfortable talking about sex”

“The doctor spoke with me about pregnancy and disregarded what I said about being a lesbian”

“The doctors don’t answer my questions.”

(Snyder et al, 2017)

Focus group results

“Doctors are uncomfortable talking about sex”

“The doctor spoke with me about pregnancy and disregarded what I said about being a lesbian”

“I told the doctor I was pansexual and they joked about experiences with animals”

“The doctors don’t answer my questions.”

(Snyder et al, 2017)

Focus group results

“Doctors are uncomfortable talking about sex”

“The doctor spoke with me about pregnancy and disregarded what I said about being a lesbian”

“One doctor asked me, ‘have you ever thought about being straight?’”

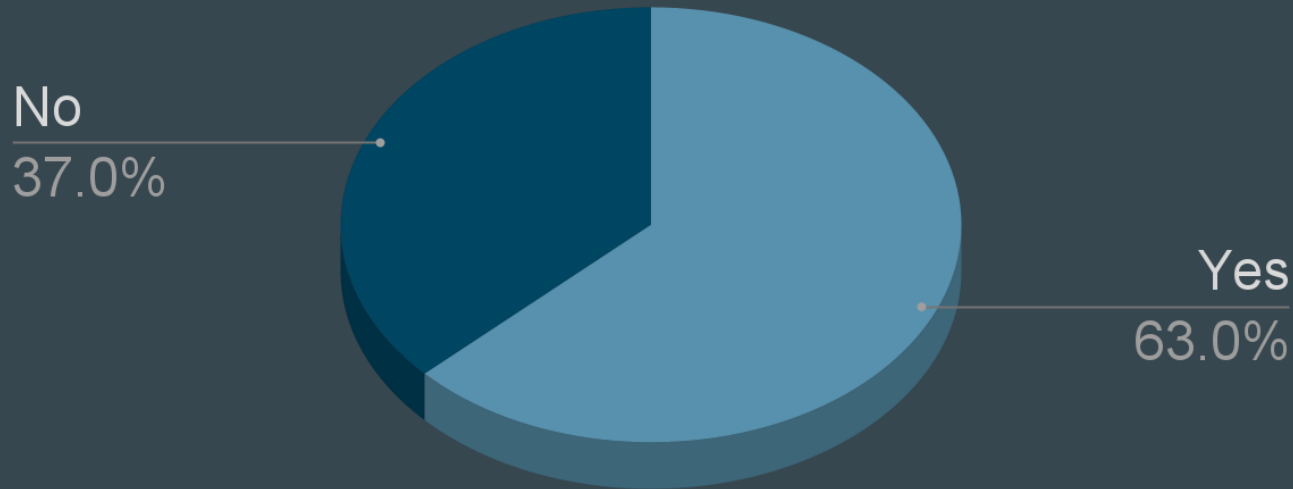
“I told the doctor I was pansexual and they joked about experiences with animals”

“The doctors don’t answer my questions.”

(Snyder et al, 2017)

206 youth (age 13-24 years) who identified as LGBTQ+ were asked two questions:

Have you ever disclosed your LGBTQ+ identity to your
healthcare provider?



(Rossman et al, 2018)

Why not?

- “No one asked”

- Barriers due to provider/patient relationship

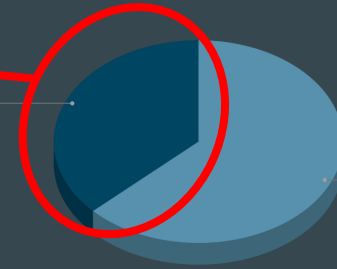
- “My sexuality is my business”

- Fear of discrimination

Have you ever disclosed your LGBTQ+ identity to your healthcare provider?

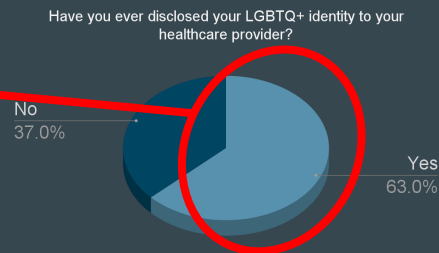
No
37.0%

Yes
63.0%



What was the response?

- Absence of reaction or “didn’t care”



- Demonstration of LGBTQ+ affirmative knowledge vs lack of knowledge
- Provider comfort vs discomfort
- Microaggressions
- Lack of negative reaction and still received treatment

“My doctor didn’t care
that I was gay, he [still]
treated me!!!!”

“But outside of establishing a good relationship, why does this even matter?”



Institute of Medicine, 2011

Childhood/Adolescent



Institute of Medicine, 2011

Childhood/Adolescent



Institute of Medicine, 2011

Childhood/Adolescent



Institute of Medicine, 2011

Childhood/Adolescent



Institute of Medicine, 2011

Childhood/Adolescent



Institute of Medicine, 2011

Childhood/Adolescent



Institute of Medicine, 2011

Childhood/Adolescent



Institute of Medicine, 2011

Childhood/Adolescent



Homelessness further increases risks

- Family conflict increases risk of homelessness
- Homelessness further increases risks and likelihood of poor outcomes
 - Compared to non-homeless LGBTQ+ peers
 - Compared to non-LGBTQ+ homeless peers
 - Survival sex increased risks further

(McCann and Brown, 2019)



Some Hope

- Social supports reduced risk
 - Family relationships could be protective
- More likely to experience hostility

(McDonald, 2017)

Institute of Medicine, 2011

Early/Middle Adulthood



Institute of Medicine, 2011

Early/Middle Adulthood



Institute of Medicine, 2011

Early/Middle Adulthood



Institute of Medicine, 2011

Early/Middle Adulthood



Institute of Medicine, 2011

Early/Middle Adulthood



Institute of Medicine, 2011

Early/Middle Adulthood



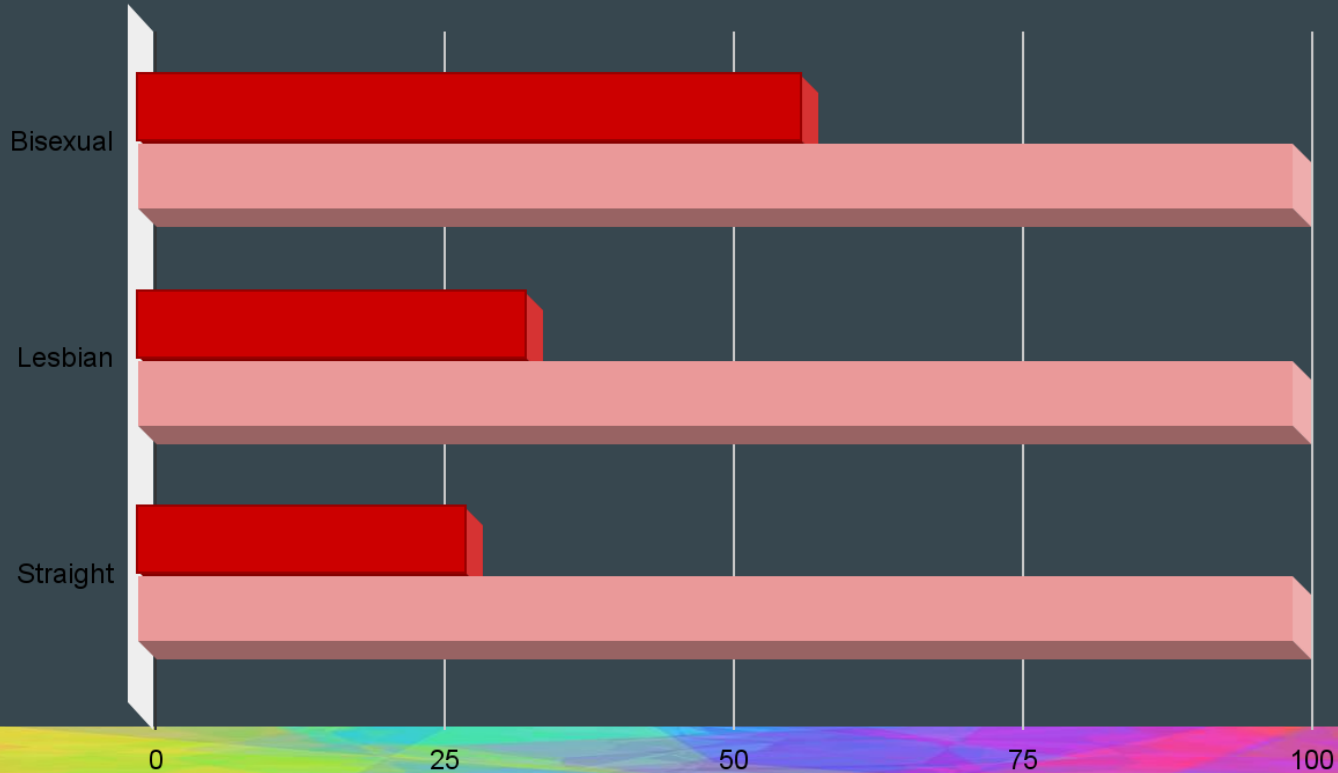
Institute of Medicine, 2011

Early/Middle Adulthood



National Intimate Partner and Sexual Violence Survey (CDC, 2010)

“Bisexual women had significantly higher lifetime prevalence of rape and sexual violence other than rape by *any perpetrator* compared to both lesbian and heterosexual women”



Risk of Cancers

- Higher risk of anal and cervical cancers
- Difficult getting high quality data on breast cancer, lung cancer, and colorectal cancers but may have higher rates
- Limited data on prostate cancer

(Quinn et al, 2015)



Institute of Medicine, 2011

Late Adulthood



Institute of Medicine, 2011

Late Adulthood



Institute of Medicine, 2011

Late Adulthood



Institute of Medicine, 2011

Late Adulthood



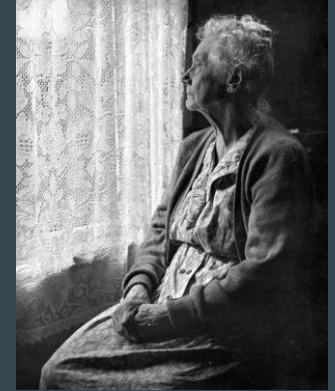
Institute of Medicine, 2011

Late Adulthood



Institute of Medicine, 2011

Late Adulthood



Intersectionality

- 200 who identified as LGBTQ+ and POC asked about racism and homophobia
- Both affected mental health
- Only LGBTQ-based discrimination was associated with suicidal ideation
 - May be due to loss of community
 - May be due to feeling the need to hide

(Sutter and Perin, 2016)



“Okay, you’ve convinced me. So how do I
start?”

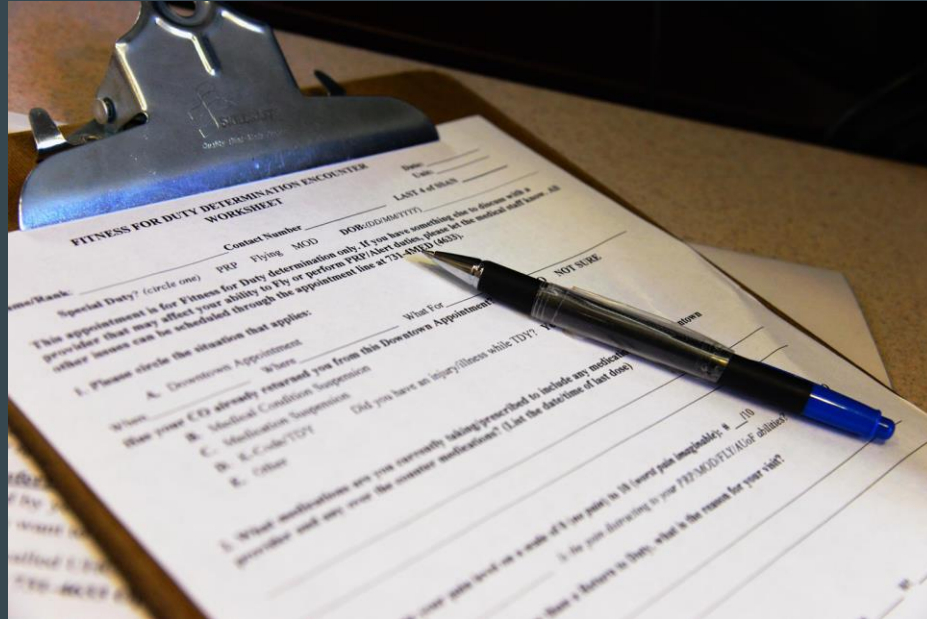


A review of the literature recommended the following practices:
Display visible non-discrimination policies and/or restroom policies



(Heredia et al, 2021)

Ask name, pronouns, gender identity and assigned sex at birth on intake forms and reflect this in chart/notes



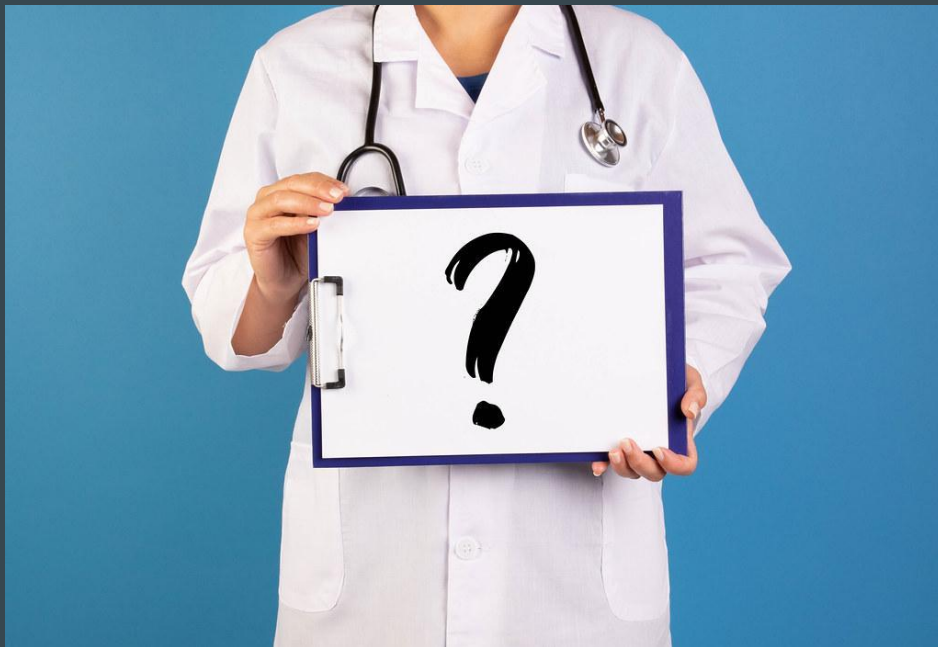
(Heredia et al, 2021)

Have providers and staff wear pronoun pins or offer yours to the patient



(Heredia et al, 2021)

Ask about gender identity, sexual orientation, and gender expression



(Heredia et al, 2021)

Display LGBTQ+ themed artwork, posters, flags



(Heredia et al, 2021)

Educate yourself and update your practice

127 healthcare providers were surveyed on attitude towards LGBTQ+ patients, fund of knowledge, and personal practice

- Most did not feel well informed
- Accuracy on questions was worse than guessing
- Majority never asked about identity

We need to assess and address our own biases

A systematic review of the impact of LGBTQ+ bias reduction programs in health care professions students and providers

- Training programs increased comfort and decreased anxiety
- Effective programs involved LGBTQ+ individuals
- Best programs had group discussions and/or opportunities to practice

(Morris et al. 2019)



A few humble suggestions...



If you are going to present yourself as a safe space, be prepared to act like one

- Know what you are talking about OR know how to find that information
- Reflect on your intentions and assess your impact
- Take corrections, but don't take them too hard



Keep your questions simple:

- What name would you like me to use?
- What is your gender?
- What pronouns do you use?
- What is your sexual orientation?
- Is it okay if we talk about your anatomy? How do you prefer to talk about your anatomy?



Explain your intention and let your patients know it is okay if they don't feel comfortable answering

Be open to answers you were not expecting; people may not identify by a label

Identities may change over time



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Thank you!

