



Dr. Ronald O. Valdiserri
Deputy Assistant Secretary for
Health, and Director, Office of
HIV/AIDS and Infectious Diseases
Policy
U.S. Department of Health and
Human Services (HHS)



Mr. Kellan Baker

Associate Director, LGBT Research and Communications Project, Center for American Progress

Center for American Progress

LGBT HEALTH: CHALLENGES AND OPPORTUNITIES

Kellan Baker, MPH, MA
Center for American Progress
May 20, 2014



Getting Started: LGBT Terminology

- **Sexual orientation:** A person's emotional, sexual, and/or relational attraction to others; usually described as heterosexual, bisexual, or homosexual (i.e., lesbian or gay). The terms "lesbian" and "gay" are preferable to "homosexual."
- **Gender identity:** A person's internal sense of being male, female, or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others.
- **Gender expression:** The manner in which a person represents or expresses their gender identity to others.
- **Transgender:** A person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth. This term is generally preferred over "transsexual."
- **Trans man:** A person who was assigned the female sex at birth but identifies and lives as a man. This term is generally preferred over "FTM."
- **Trans woman:** A person who was assigned the male sex at birth but identifies and lives as a woman. This term is generally preferred over "MTF."

>8 million Americans identify as gay,
lesbian, or bisexual

>700,000 Americans identify as
transgender

= at least 9 million LGBT Americans



9 million LGBT Americans

=

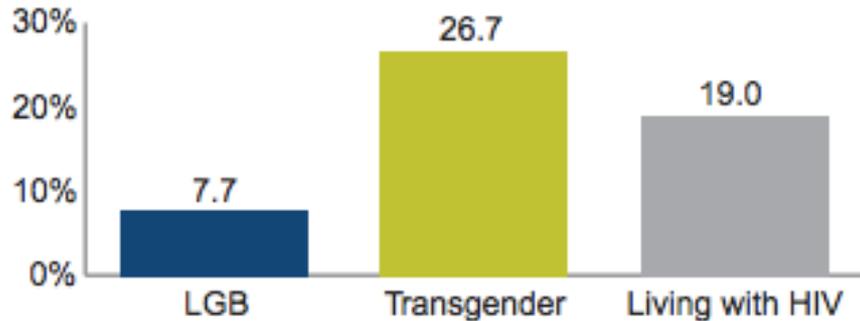


LGBT Health Disparities

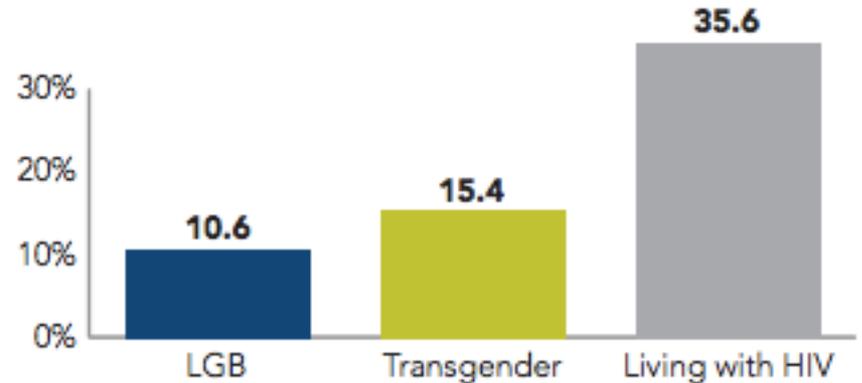
- ↑ Tobacco and other substance use
- ↑ Mental health concerns, such as depression and suicidal ideation
- ↑ Certain cancers, such as breast cancer
- ↑ Experiences of bullying, violence, and abuse
- ↑ HIV/AIDS and other STIs



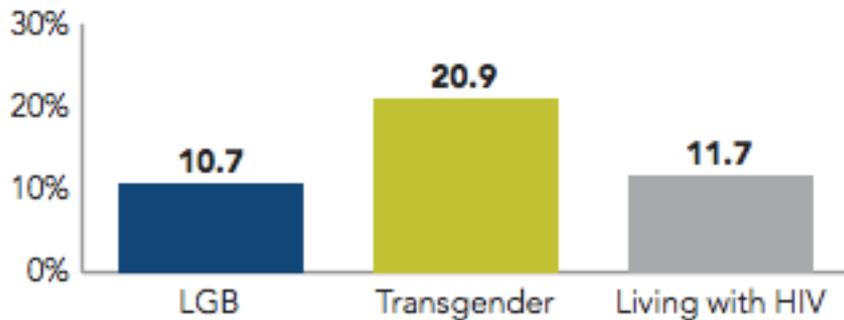
I was refused needed health care.



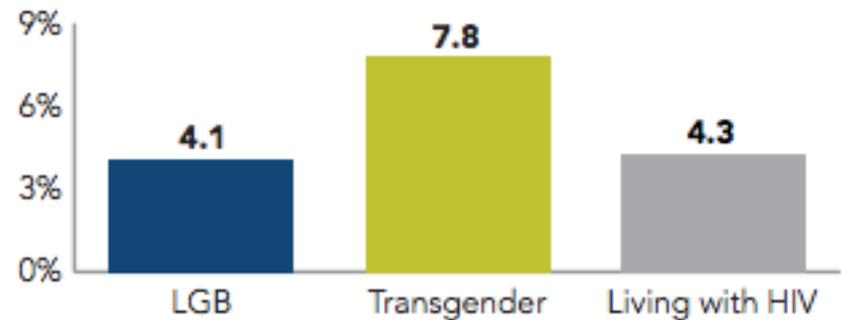
Health care professionals refused to touch me or used excessive precautions.



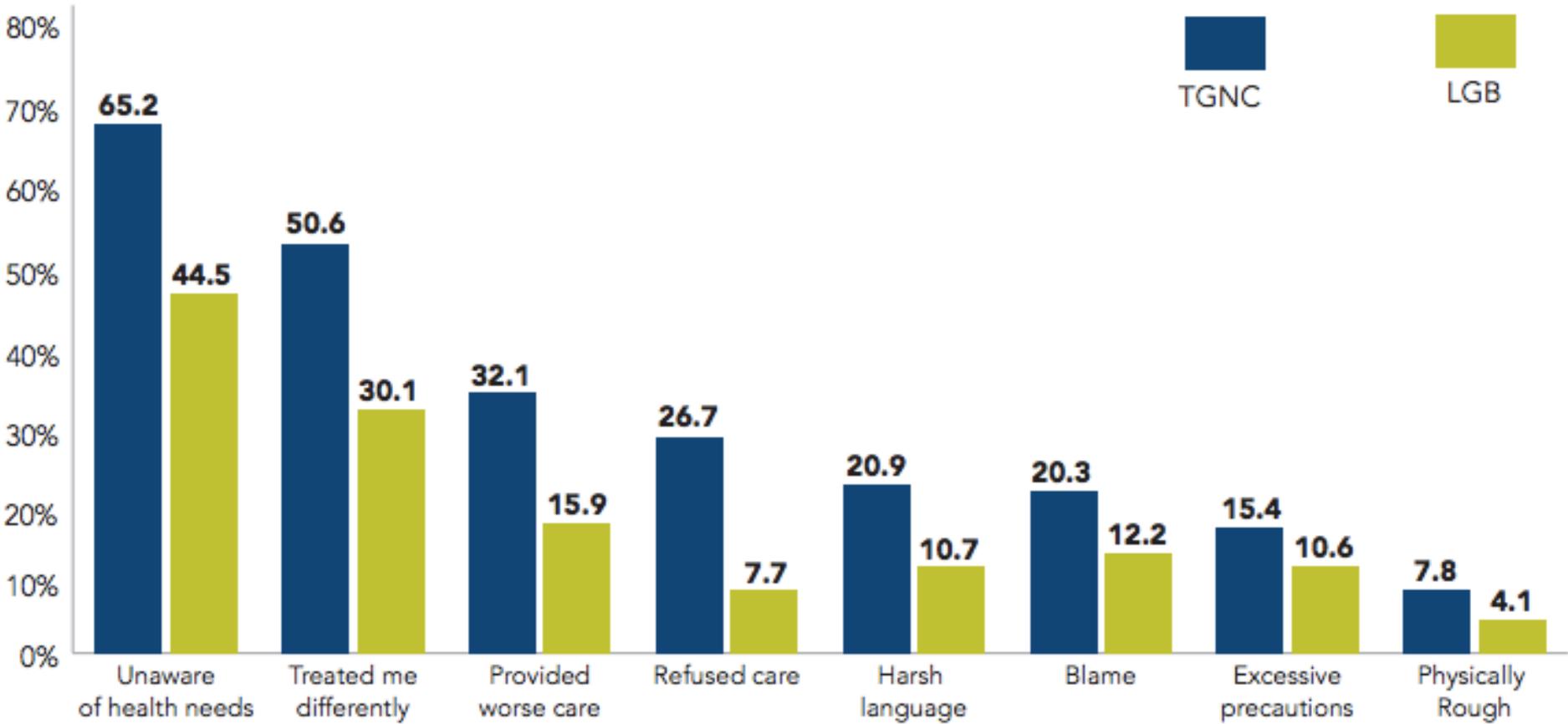
Health care professionals used harsh or abusive language.



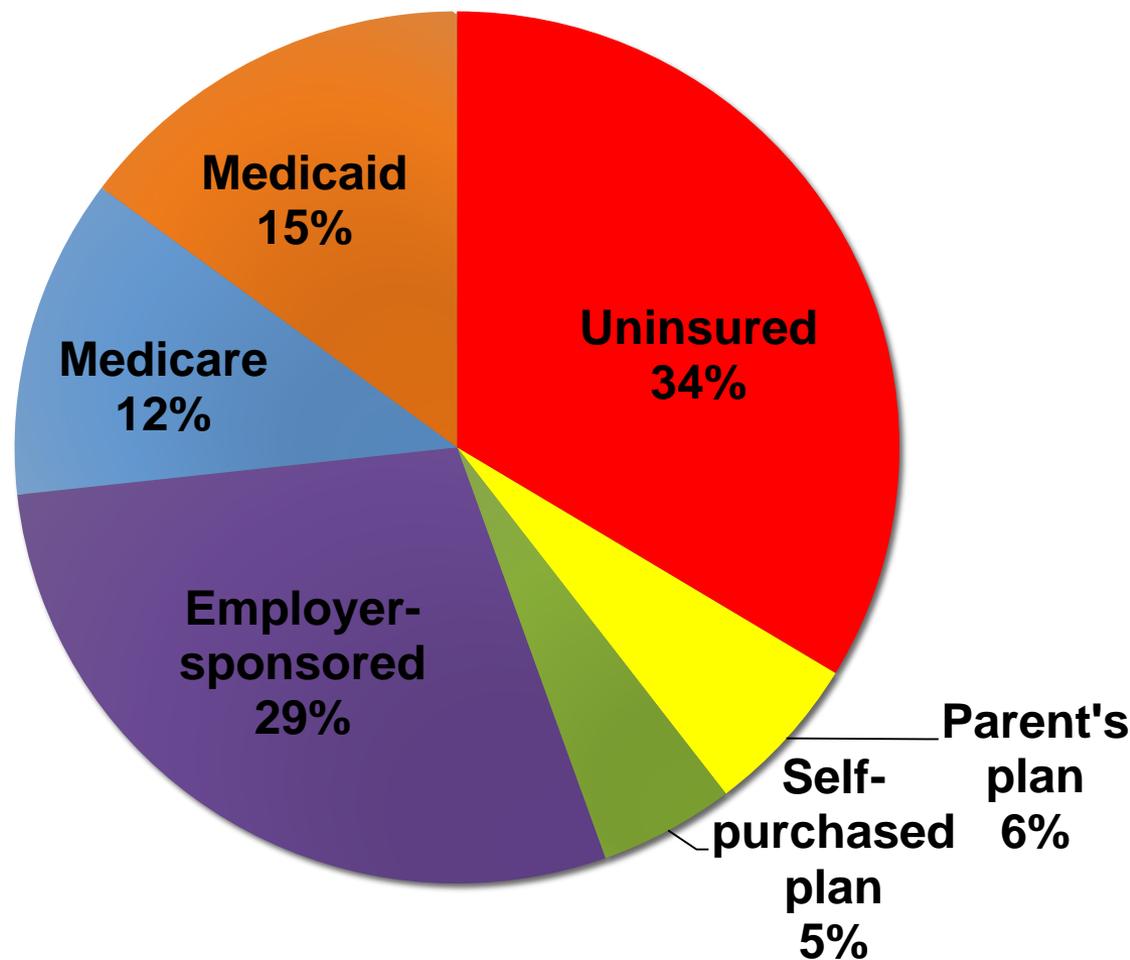
Health care professionals were physically rough or abusive.



Anti-Transgender Discrimination

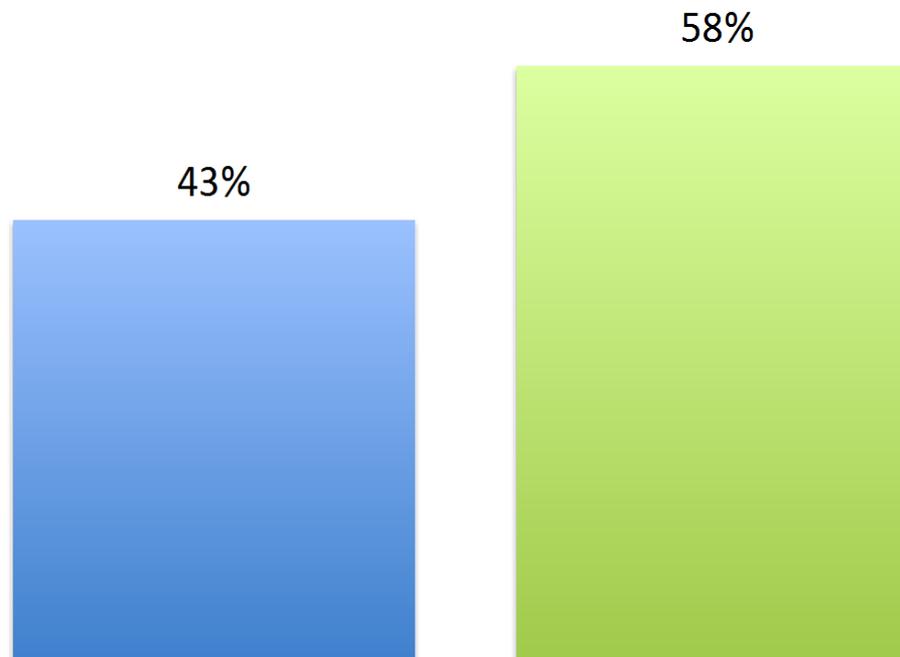


Current Sources of LGBT Coverage (incomes under 400% FPL)



Access to Employer-Sponsored Insurance Coverage

■ LGBT ■ Non-LGBT



Riding the Wave:

National LGBT health resources since 2010

Healthy
People 2020

IOM reports
on LGBT
health

The Joint
Commission
LGBT guide

SAMHSA
LGBT health
toolkits

AHRQ
healthcare
disparities
reports

National
LGBT Health
Education
Center

New CLAS
Standards

Out2Enroll



“The Affordable Care Act may represent the strongest foundation we have ever created to begin closing LGBT health disparities.”

Kellan Baker, MPH, MA

Center for American Progress

kbaker@americanprogress.org

www.americanprogress.org

www.out2enroll.org



The ACA and LGBT Individuals: New Options for Coverage & Care

Jen Kates, PhD

Vice President; Director, Global Health & HIV Policy

Kaiser Family Foundation

jkates@kff.org

A New Landscape: Reshaping Healthcare Access for LGBT Individuals & Families



Wondering what Obamacare means for someone with HIV? It might seem complicated, but this website is designed to help you learn more about your choices. Read on to find out about new health insurance options that may help with your care and treatment. [More >>](#)



Filling the need for trusted information on health issues...

January 2014 | Issue Brief

Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.

Usha Ranji, Adara Beamesderfer, Jen Kates, and Alina Salganicoff

EXECUTIVE SUMMARY

Lesbian, gay, bisexual, and transgender (LGBT) individuals often face challenges and barriers to accessing needed health services and, as a result, can experience worse health outcomes. These challenges can include stigma, discrimination, violence, and rejection by families and communities, as well as other barriers, such as inequality in the workplace and health insurance sectors, the provision of substandard care, and outright denial of care because of an individual's sexual orientation or gender identity.^{1,2,3}

While sexual and gender minorities have many of the same health concerns as the general population, they experience certain health challenges at higher rates, and also face several unique health challenges. In particular, research suggests that some subgroups of the LGBT community have more chronic conditions as well as higher prevalence and earlier onset of disabilities than heterosexuals. Other major health concerns

Find out what the Affordable Care Act means for you.

Select your current insurance status.

AM...

UNINSURED	ON MEDICAID	ON MEDICARE
RYAN WHITE OR ADAP	ON EMPLOYER INSURANCE	ON PRIVATE INSURANCE
OTHER »		

Common Questions

Q

Can I keep my own doctor when I buy insurance in the marketplace?

ISSUE BRIEF

HIV

July 2013

HELPING PEOPLE WITH HIV NAVIGATE THE TRANSITION TO ACA COVERAGE:

SUMMARY OF A ROUNDTABLE DISCUSSION

SUMMARY

The Affordable Care Act (ACA), landmark health reform legislation enacted into law in 2010 with major coverage expansions beginning in January 2014, offers substantial opportunity to expand health care coverage and services to a large portion of uninsured individuals in the United States, including people living with HIV. While people with HIV will face many of the same questions and issues faced by others in assessing new coverage options under the ACA, they also have unique concerns, stemming from the critical importance of maintaining continuous



Key ACA Provisions for the LGBT Community



Overview of Changes due to the ACA

Expanded Access to Coverage & Market Reforms

Provision

- **Medicaid expansion** to nearly all low income individuals (up to 138% FPL) in states opting to expand
- **Health insurance marketplaces** in every state, with subsidies for those who are low income

Issues to Consider

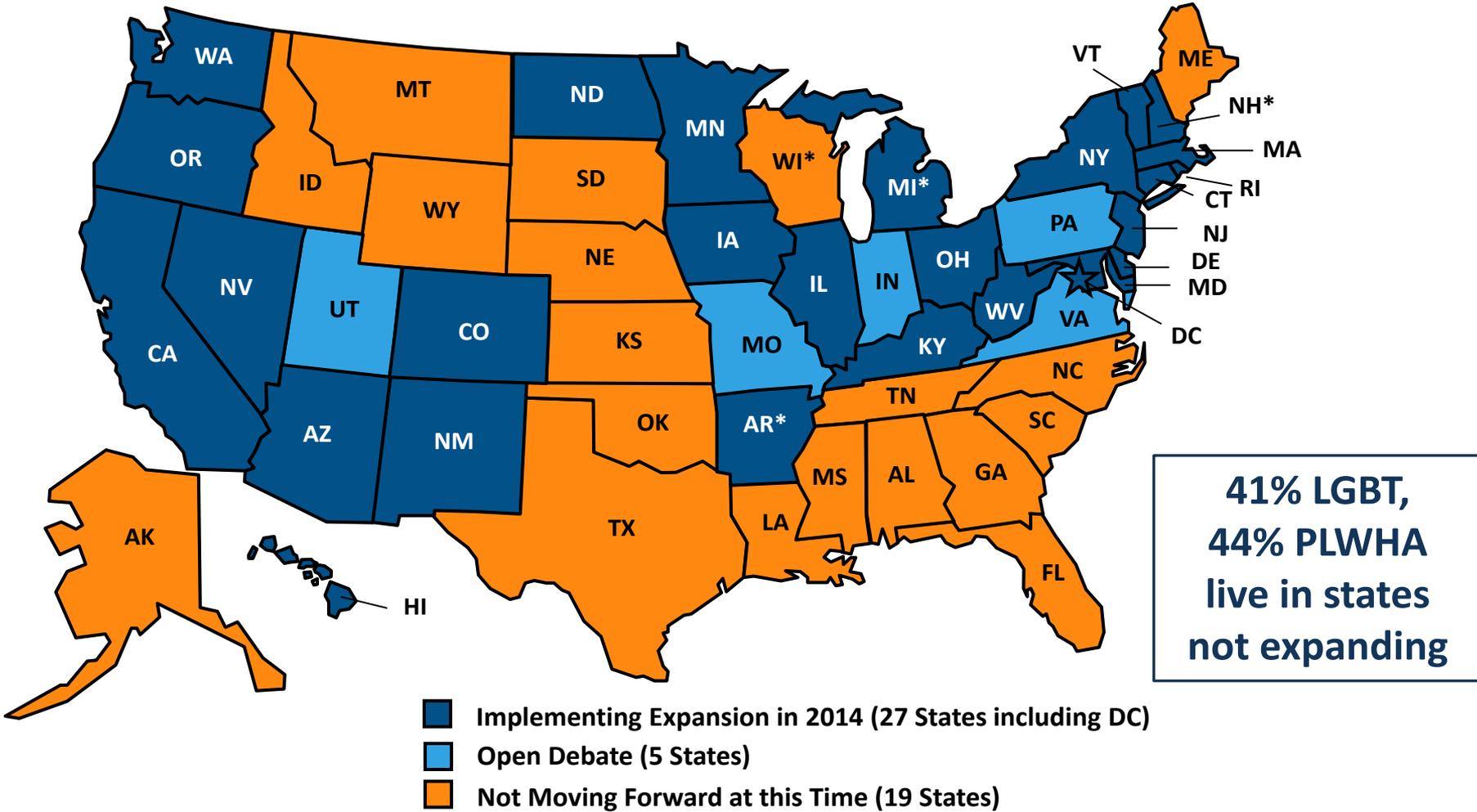
- Medicaid: Supreme Court decision made Medicaid expansion a state option
- Marketplaces: Plans must meet federal standards but vary significantly in terms of provider networks, benefit packages, etc.

Preventive Services/ Benefits Standards

- **10 Essential Health Benefits (EHB)** categories, including preventive services, mental health/substance use, prescription drugs
- **Preventive services** include HIV & STD screening, immunizations, other chronic disease screenings

- Preventive Services: all USPSTF “A” and “B” rated services must be provided at no cost in all non-grandfathered health plans and for Medicaid expansion population in states that expand

Status of State Medicaid Expansion Decisions, 2014



NOTES: Data are as of April 2014.

SOURCES: KFF, State health facts, <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/#notes>; KFF analysis of data from CDC; personal communication with Kellan Baker, Center for American Progress, May 2014.

Overview of Changes due to the ACA, continued



Non-Discrimination Provisions

Provision

- **End to pre-existing condition exclusions** (cannot be charged more for being LGBT, HIV+)
- **Section 1557 prohibits discrimination** based on sex, (includes Gender ID, sex stereotypes), in any health program receiving federal funds
- **Plans offering EHB barred from discriminating** based on sexual orientation and gender identity (SOGI)
- **Health plans outside marketplace required to offer married same sex spouses coverage** if offered to opposite sex spouses (as of 2015)

Issues to Consider

- Section 1557 not currently interpreted to include sexual orientation
- While transgender individuals should have access to needed services if covered for others in health plan, plans can still exclude care related to gender transition
- Seven states offer SOGI insurance protections (CA, CO, CT, DC, MD, OR, VT).

Overview of Changes due to the ACA, continued



Data Collection & Research

Provision

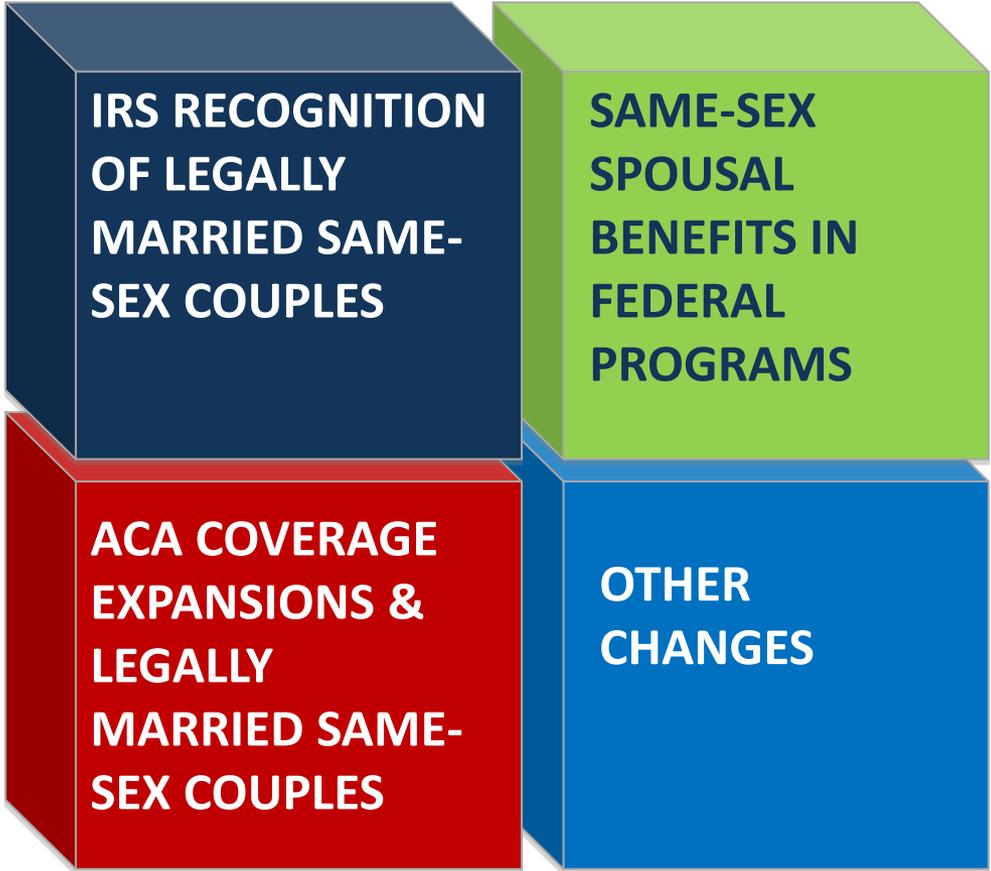
- ACA calls for **routine data collection/surveillance on health disparities, including for LGBT** populations; also Healthy People 2020 goal
- **Sexual orientation question added to NHIS**
- **CDC approved SOGI questions** for state-administered BRFSS
- **SOGI metrics in EHBs** (meaningful use standards)

Issues to Consider

- Still not routine for researchers and health data systems to collect and report SOGI data



Implications of DOMA Decision & Other Policy Changes for LGBT Health Care Access



DOMA Decision - Implications



IRS Recognition of Married Same-Sex Couples

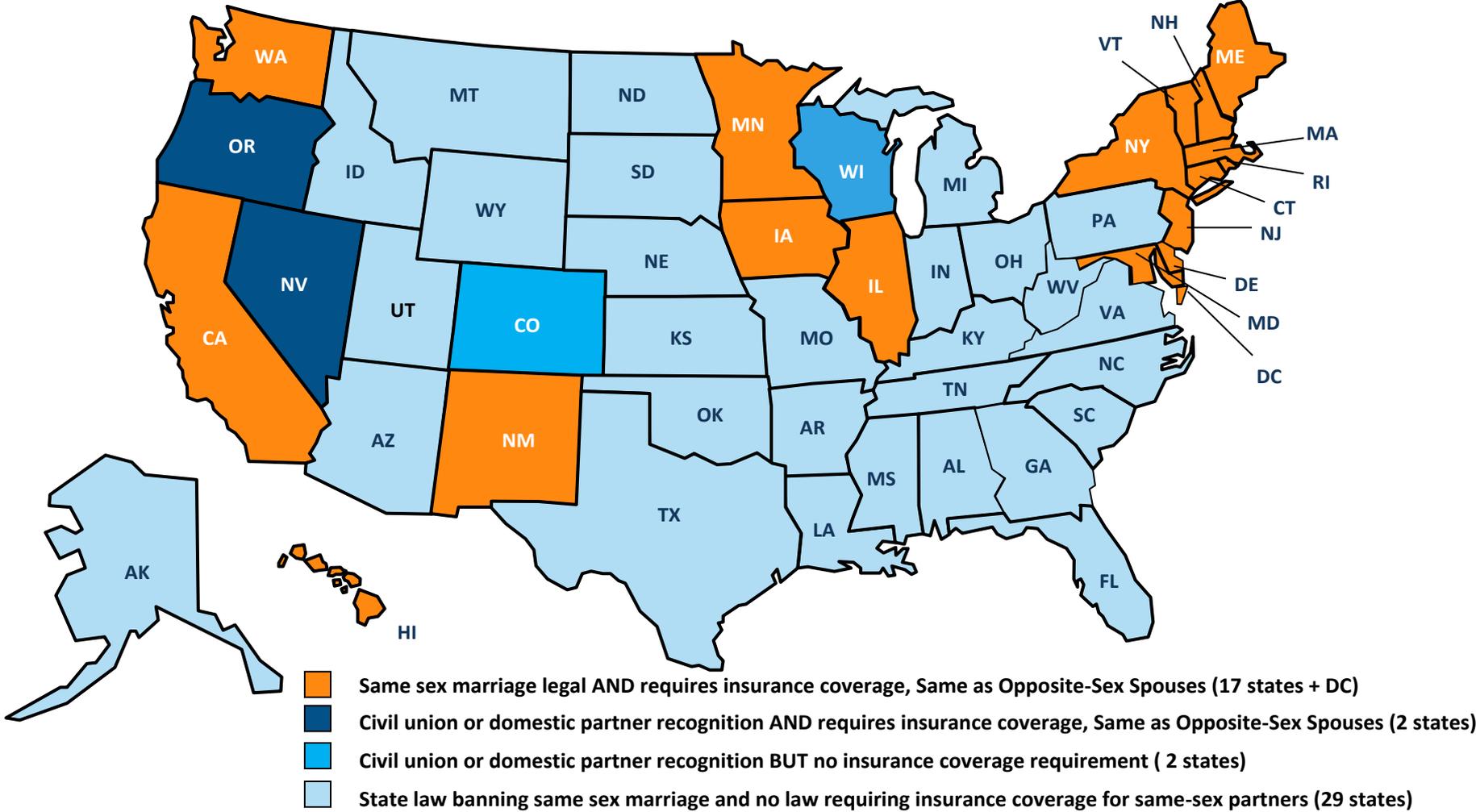
Provision

- **Recognizes legally married same sex couples** which affects a number of health-related financial issues (e.g., spousal health benefits now non-taxable income for same sex couples)
- **Requires all ERISA plans** to include legally married same-sex couples in definition of “spouse” and “marriage,” for purposes of COBRA and other dependent benefits

Issues to Consider

- Based on “state of celebration,” regardless of whether couple lives in state that recognizes same-sex marriage
- But access to spousal coverage still governed by patchwork of state-policy and law. Majority of states still impose bans on same-sex marriages and do not recognize same-sex marriages conducted legally in other states. Employers in these states not required to offer coverage

Relationship Recognition & Insurance Coverage Policies for Same-Sex Partners, by State



NOTE: Under the ACA and Supreme Court DOMA ruling, states that recognize same-sex marriages required to provide insurance parity to same-sex couples. Nevada- No Insurance Requirement, Insurance Coverage is the same as opposite-sex spouses, except for group health insurance benefits. Wisconsin- No insurance requirement, but have limited spousal rights.

SOURCES: Ranji U, Beamesderfer A, Kates J, Salganicoff A, *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.*, Kaiser Family Foundation, January 2014 (see issue brief for detailed list of data sources).

DOMA Decision - Implications, continued



Same-sex spousal benefits in federal programs

Provision

- **Legally married same-sex federal employees have same eligibility for dependent spousal health coverage** and other dependent benefits in Federal Employees Health Benefits Program (FEHBP)
- **Extends Family Medical Leave Act (FMLA)** workplace protections to legally married same sex couples, allowing time off to care for a family member in event of illness or birth of a child

Issues to Consider

- Based on “state of celebration,” regardless of whether or not couple lives in a state that recognizes same-sex marriage
- But does not apply to state programs or state employees (unless state recognizes same sex marriage, civil unions, or has other protections)

DOMA Decision - Implications, continued



ACA Coverage & Legally Married Same-Sex Couples

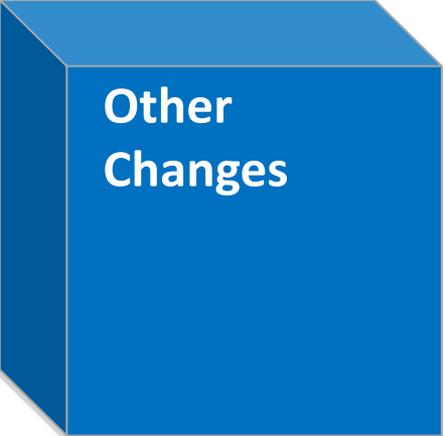
Provision

- **Marketplaces:** Insurance plans in health care marketplaces must recognize legally married same-sex couples for purposes of determining tax credit eligibility
- **Medicaid:** Federal government encouraging states to recognize same-sex marriages for purposes of determining Medicaid income eligibility; states make ultimate determination

Issues to Consider

- **Medicaid:** No state has yet submitted a State Plan Amendment (SPA) for or against recognition of same-sex spouses for Medicaid/CHIP purposes

Other Policy Changes



Other Changes

Provision

- **Federal regulations require hospitals** participating in Medicare and Medicaid (virtually all in U.S.) to adopt written policies and procedures regarding patient's right to visit same-sex partner and must prohibit discrimination based on SOGI
- **Federal regulations require long-term care facilities**, such as nursing homes, to allow same-sex spouses and domestic partners to visit residents
- **Health care proxy and advance care directive** provisions for LGBT individuals

Issues to Consider

- Enforcement still remains challenge

The ACA and LGBT Individuals: New Options for Coverage & Care

Jen Kates, PhD

Vice President; Director, Global Health & HIV Policy

Kaiser Family Foundation

jkates@kff.org

What HRSA is Doing to Promote LGBT Health

Gem P. Daus
Public Health Analyst
Health Resources and Services Administration
U.S. Department of Health and Human Services
5/20/2014

1



Mission

To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.



A Skilled and Culturally Competent Health Workforce

- Academic and community partnerships
 - Area Health Education Centers
 - Geriatrics Programs
 - Public Health Training Centers
- Community Health Centers

A Skilled and Culturally Competent Health Workforce

- **LGBT POPULATIONS:** youth, elders, families, transgender
- **HEALTH TOPICS:** tobacco, HIV, bullying, mental health
- **HEALTH CARE SETTINGS & PRACTICES:** nursing home, physicians office, school-based, health records, admissions and welcome
- **MEDIA:** classroom, webinar, consultation

Bureau of Primary Health Care Grantee:

- The National LGBT Health Education Center, A Program of the Fenway Institute, Fenway Health

Contact Information

Gem P. Daus
Public Health Analyst
Office of Health Equity
301-443-2462
gdaus@hrsa.gov





NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



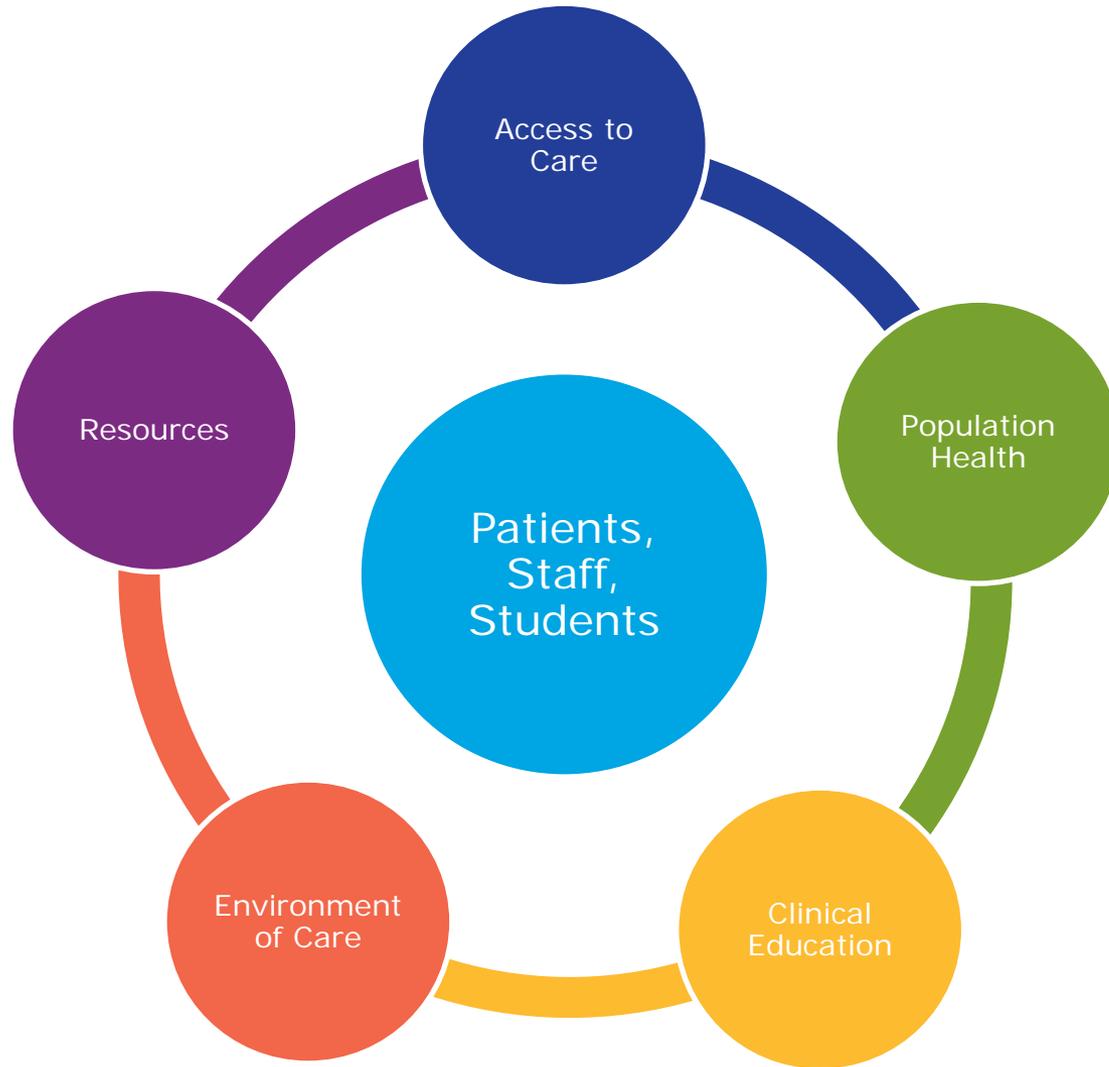
AFTER ENROLLMENT: ATTRACTING LGBT PATIENTS AND OVERCOMING BARRIERS TO ENSURING ACCESS AND QUALITY CARE

May 20, 2014

Harvey J Makadon, MD

Director, The National LGBT Health Education Center, The Fenway Institute
Clinical Professor of Medicine, Harvard Medical School

STEPS TO ACCESS AND QUALITY





ACCESS TO CARE

- The Affordable Care Act increased insurance coverage among LGBT people
- Translating eligibility into access requires:
 - Overcoming a history of stigma and discrimination
 - Ending LGBT invisibility
 - Training clinicians about LGBT health disparities
 - Creating welcoming and inclusive environments for care

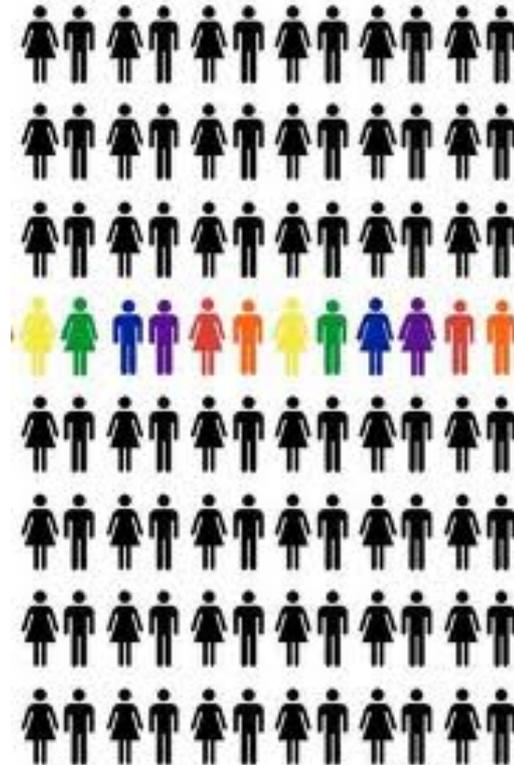
LGBT PEOPLE ARE VERY DIVERSE AND LARGELY INVISIBLE TO THEIR HEALTH CARE PROVIDERS



POPULATION HEALTH: ENDING LGBT INVISIBILITY IN HEALTH CARE



- How many of you have ever been asked to discuss your sexual history during a primary care visit?
- Has a clinician ever asked you about your sexual orientation?
- Has a clinician ever asked about your gender identity?



HOW WELL DO YOU KNOW THOSE COMING FOR CARE? HOW DO YOU FIND OUT?



New Patients



**New Lesbian/Gay/
Bisexual/Transgender
Patients**

GETTING TO KNOW PATIENTS IN CLINICAL SETTINGS





TAKING ROUTINE HISTORIES OF SEXUAL HEALTH: A System-Wide Approach for Health Centers

April 2013

 NATIONAL LGBT HEALTH
EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

 NATIONAL ASSOCIATION OF
Community Health Centers

Sexual Risk Assessment^{2,3}

The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions that may help providers, or other members of the clinical care team, remember which topics to cover. These are called the Five P's:



The following risk assessment questions are organized according to these categories.

PARTNERS

These questions should already have been covered during the First Three Questions of the sexual history. They are listed again here but do not need to be repeated.

- Are you having sex with women only, men only, or both? (if both, ask the next question twice—once for male partners, and once for female partners)
- How many sexual partners have you had in the past six months?

Additional risk questions about partners:

- Have you ever had sex with someone you didn't know or just met?
- Have you ever traveled internationally, to places such as Thailand or Africa, to have casual sex?

PRACTICES AND PROTECTION FROM STDs

Some patients respond better to open-ended questions about their sexual practices, and some prefer yes or no questions. For transgender patients, younger patients, and women who have sex with women, for example, you may find that open-ended questions are preferred and may bring you more

² This risk assessment has been adapted from: Centers for Disease Control and Prevention. A guide to taking a sexual history. Available at: <http://www.cdc.gov/lgbthealth/>

³ STD/HIV Risk Assessment & Risk Reduction: A Quick Reference Guide. March 2008. Mountain Plains AIDS and Education Training Center. Seattle STD/HIV Prevention Training Center.

8 | TAKING ROUTINE HISTORIES OF SEXUAL HEALTH

<http://www.lgbthealtheducation.org/publications/top/briefs/sexual-history-toolkit/>

TAKING A HISTORY OF SEXUAL HEALTH

- The core comprehensive history for LGBT patients is the same as for all patients (keeping in mind unique health risks and issues of LGBT populations)
- Get to know your patient as a person (e.g., partners, children, jobs, living circumstances)
- Use inclusive and neutral language
 - **Instead of:** *“Do you have a wife/husband or boy/girlfriend?”*
 - **Ask:** *“Do you have a partner?”* or *“Are you in a relationship?”*
“What do you call your partner?”
- For all patients
 - Make it routine
 - Make no assumptions
 - Not to be equated with learning about LGBT health

TAKING A HISTORY OF SEXUAL HEALTH

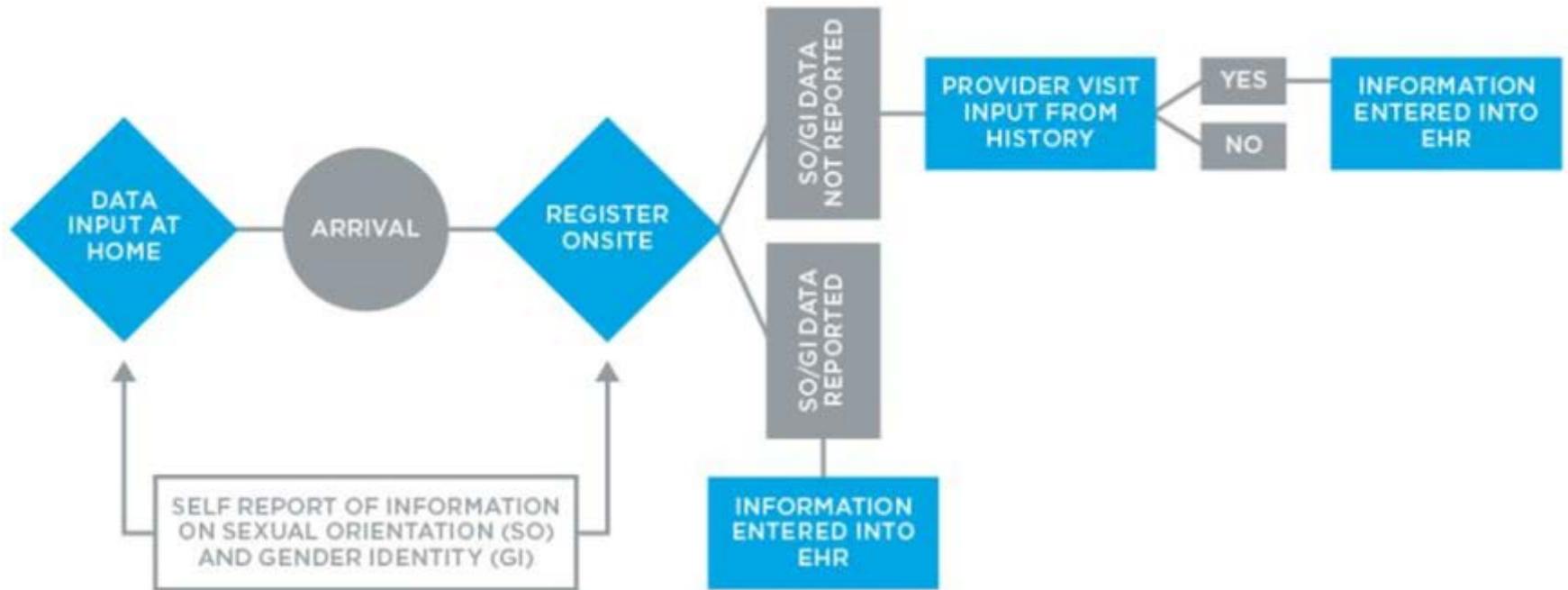
- Ask about behavior and risk
 - *Have you had sex with anyone in the last year?*
 - *Did you have sex with men, women, or both?*
 - *How many partners did you have?*
- Ask about sexual health, sexual and gender identity
 - *Do you have any concerns about your sexual function?*
 - *How satisfied are you sexually?*
 - *Do you want to talk about your sexuality, sexual identity, gender identity, or sexual desires?*
 - *Have you had any changes in sexual desire?*
- Ask about reproductive health and desires
 - *Traditionally, discuss contraception*
 - *Discuss desires to have children and methods- surrogacy, adoption*

IOM RECOMMENDATION: DATA ON SEXUAL ORIENTATION AND GENDER IDENTITY SHOULD BE COLLECTED IN EHRS



- Recognition of Challenges and Barriers
 - Confidentiality
 - Reluctance/Desire to Share
 - Need for Provider Education
- Direct benefit to individual patients, insuring quality, and evaluation of disparities at practice level to learn about educational needs for clinicians and staff.
- Critical to doing effective population health as part of patient centered medical homes or health homes.

GATHERING LGBT DATA DURING THE PROCESS OF CARE



COLLECTING DEMOGRAPHIC DATA ON SEXUAL ORIENTATION

<p>1. Which of the categories best describes your current annual income? Please check the correct category:</p> <p><input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,000-14,999 <input type="checkbox"/> \$15,000-19,999 <input type="checkbox"/> \$20,000-29,999 <input type="checkbox"/> \$30,000-49,999 <input type="checkbox"/> \$50,000-79,999 <input type="checkbox"/> Over \$80,000</p>	<p>2. Employment Status:</p> <p><input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student full time <input type="checkbox"/> Student part time <input type="checkbox"/> Retired <input type="checkbox"/> Other _____</p>	<p>3. Racial Group(s):</p> <p><input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi racial <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Native/Inuit <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____</p>	<p>4. Ethnicity:</p> <p><input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Not Hispanic/Latino/Latina</p> <p>5. Country of Birth:</p> <p><input type="checkbox"/> USA <input type="checkbox"/> Other _____</p>
<p>6. Language(s):</p> <p><input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский</p>	<p>7. Do you think of yourself as:</p> <p><input type="checkbox"/> Lesbian, gay, or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something Else <input type="checkbox"/> Don't know</p>	<p>8. Marital Status:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____</p> <p>8. Veteran Status:</p> <p><input type="checkbox"/> Veteran <input type="checkbox"/> Not a veteran</p>	<p>1. Referral Source:</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Health Provider <input type="checkbox"/> Emergency Room <input type="checkbox"/> Ad/Internet/Media/Outreach Worker/School <input type="checkbox"/> Other _____</p>

COLLECTING DEMOGRAPHIC DATA ON GENDER IDENTITY

- What is your current gender identity? (check ALL that apply)
 - 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? (Check One)
 - Male
 - Female
 - Decline to Answer

- What is your preferred name and what pronouns do you prefer(e.g. he/him, she/her)?



PREPARATION FOR COLLECTING DATA IN CLINICAL SETTINGS

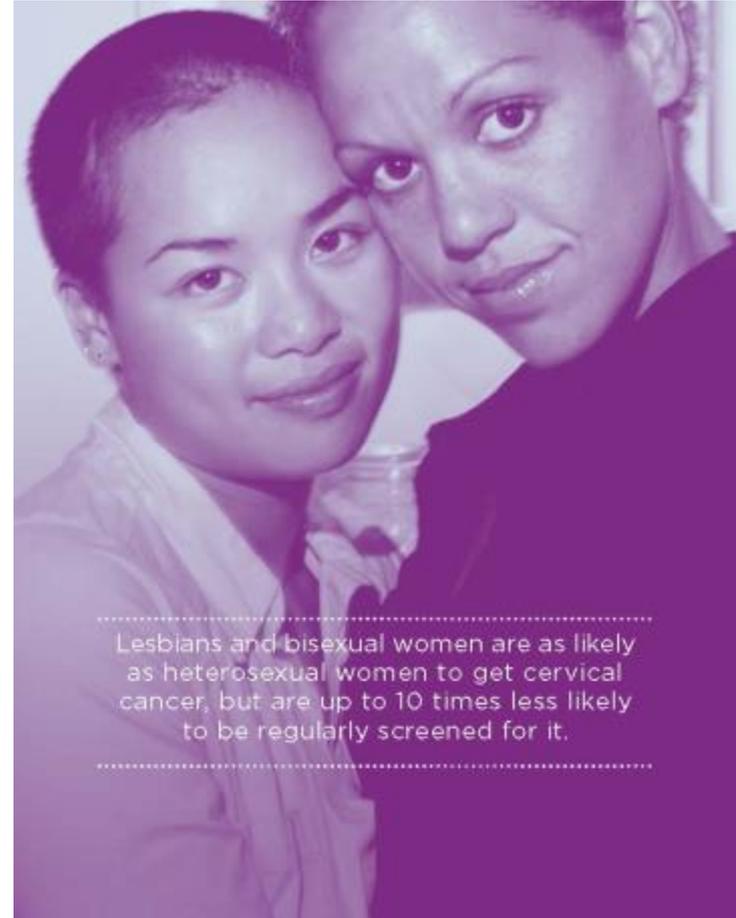
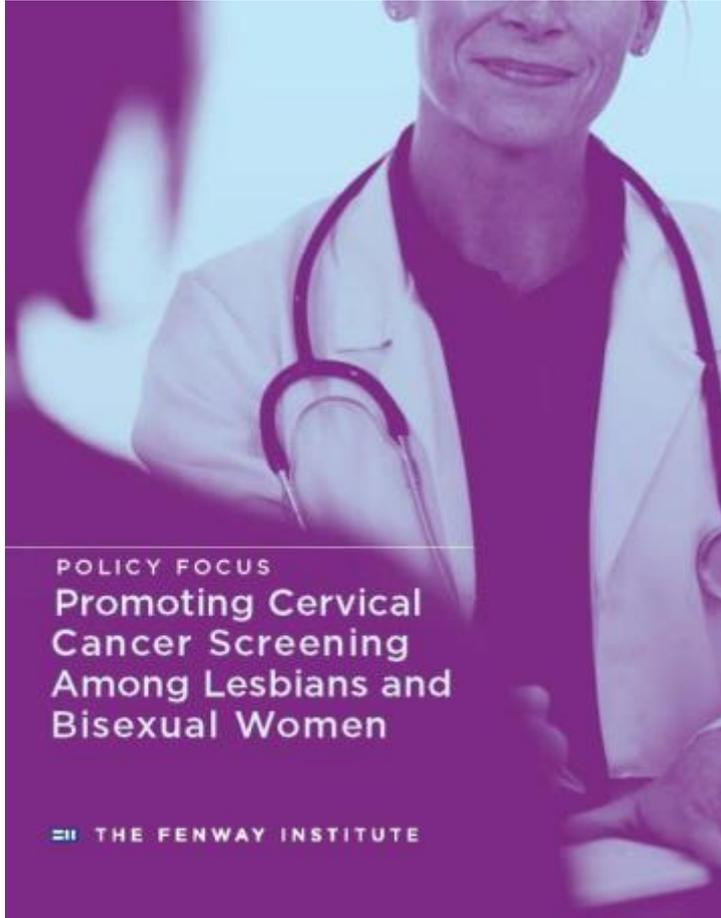
- Clinicians: Need to learn about LGBT health and the range of expression related to identity, behavior, and desire
 - Staff needs to understand concepts
- Patients: Need to learn about why it is important to communicate this information, and feel comfortable that it will be used appropriately
- Data Collection: Critical, and has to be done sensitively without assumptions routinely **on all**, along with other demographic data

CULTURALLY APPROPRIATE CARE

Clinical
Education



I. QUALITY PREVENTIVE CARE FOR LESBIANS, BISEXUAL WOMEN, AND TRANSGENDER MEN



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

CANCER PREVENTION FOR LESBIANS AND BISEXUAL WOMEN: CERVICAL CANCER & BREAST CANCER

- Rates of cervical cancer are as high for lesbians and bisexual women as for heterosexual women
- Studies have found that lesbians have significantly lower cervical cancer screening rates (Charlton, J Adolesc Health, 2011)
- A recent study from NYC indicates that lesbian/bisexual women over 40 are significantly less likely to have had a mammogram than heterosexual women (2013, Empire State Pride Agenda Foundation)
- Educational programs should emphasize the need for women who exclusively have sex with women, and bisexual women, should be screened according to usual guidelines

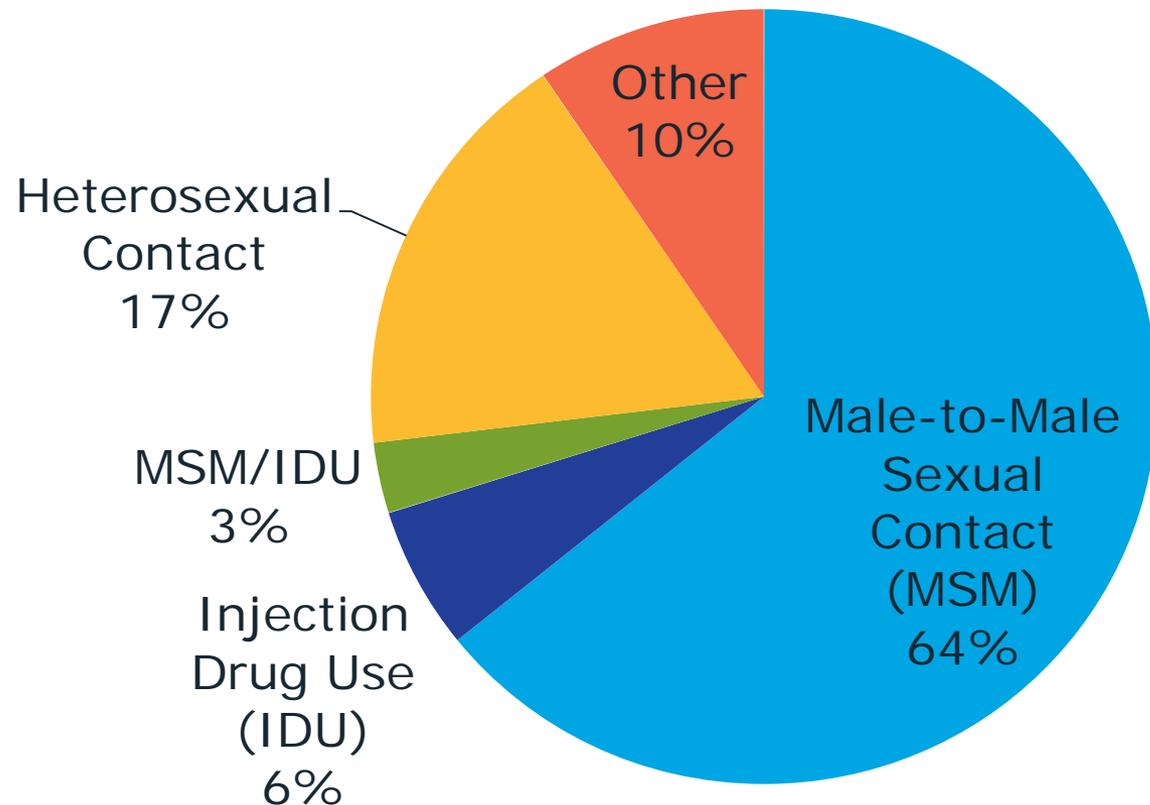
TRANSGENDER MEN AND CERVICAL CANCER SCREENING

- The majority of transgender men do not undergo complete sex reassignment surgery and still retain a cervix if a total hysterectomy is not performed.
 - Cancers of female natal reproductive organs are still possible in these individuals, and cervical cancer has been documented in a male transgender patient.
- Transgender men with a cervix should follow the same screening guidelines as natal females.
 - Pap tests can be difficult for transgender men for a number of reasons.
- Sensitivity to these unique barriers is important while still emphasizing the importance of regular screening

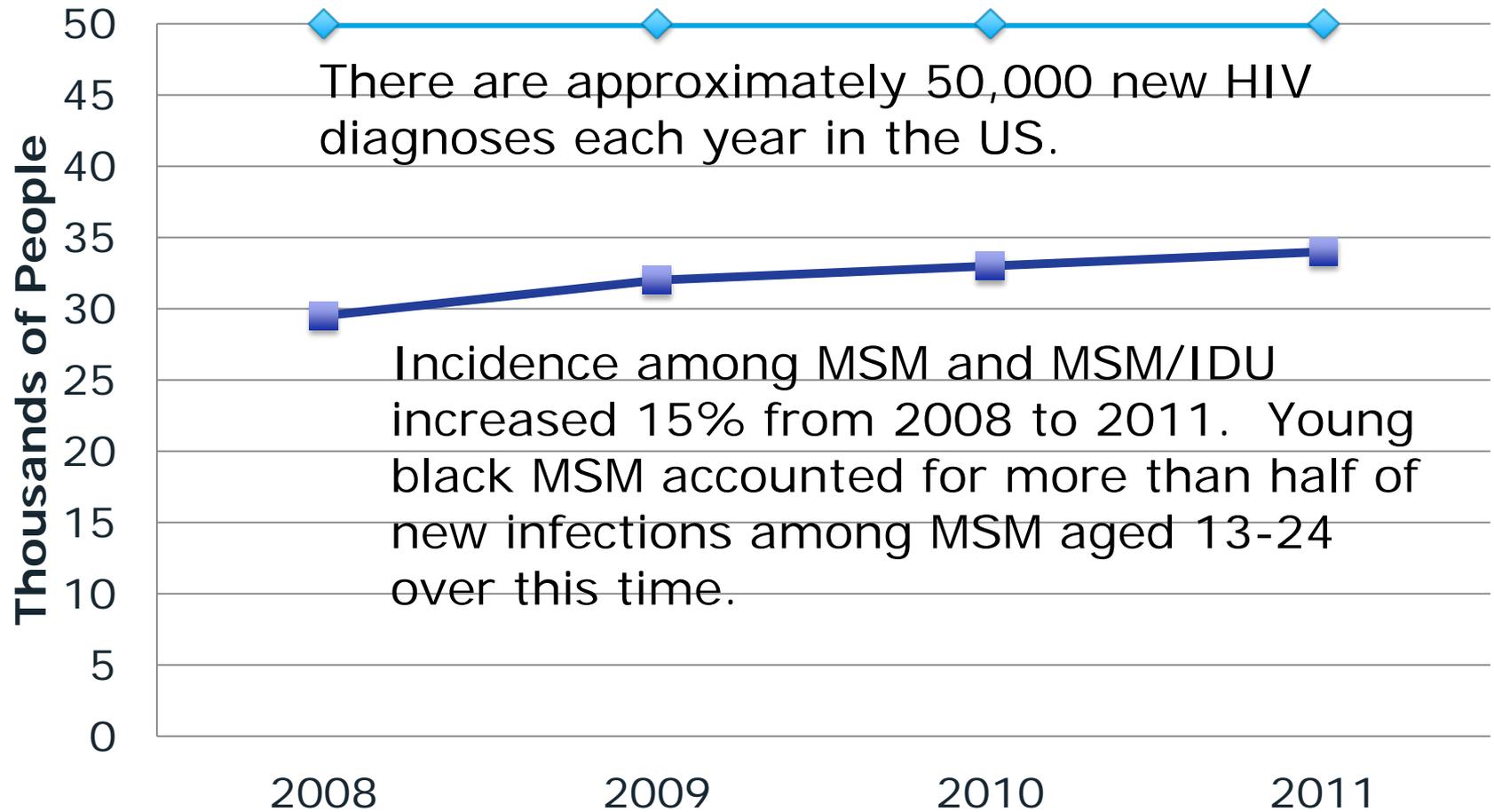
II. CLINICAL PRACTICES TO IMPROVE HIV PREVENTION AND CARE FOR MSM AND TRANSGENDER WOMEN



HIV INCIDENCE BY TRANSMISSION CATEGORY, UNITED STATES, 2011



HIV INCIDENCE IN THE UNITED STATES, 2008-2011



WHY IS HIV INCIDENCE HIGHEST AMONG BLACK MSM?

- Sexual risk behaviors and substance use **do not** explain the differences in HIV infection between black and white MSM
- The most likely causes of disproportionate HIV infection rates are:
 - Barriers to access health care
 - Less awareness of HIV status
 - Delayed treatment of STI's which facilitate HIV transmission
 - High HIV prevalence in black MSM networks particularly those who identify as gay

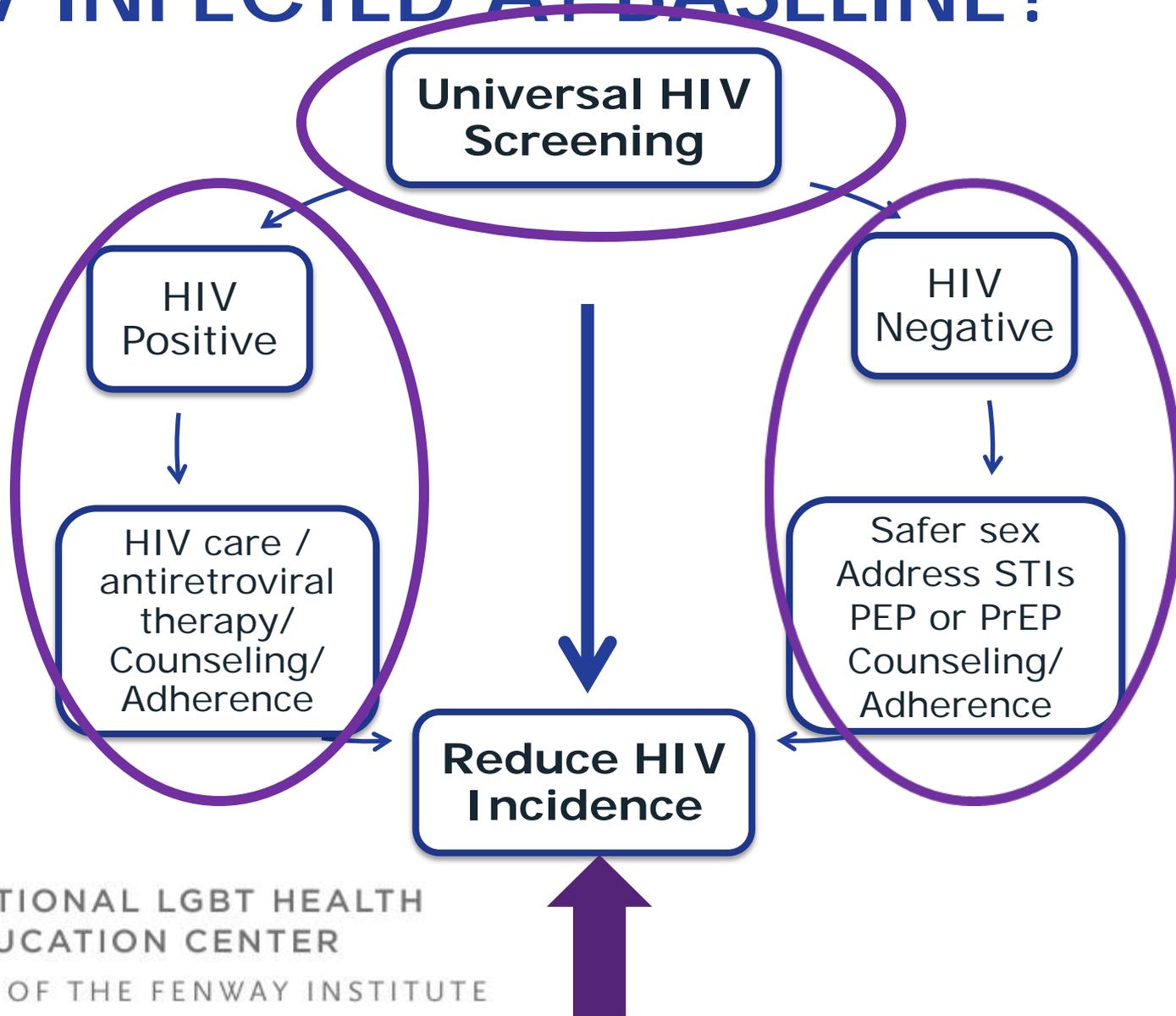


TRANSGENDER WOMEN ARE ALSO AT HIGH RISK

- Estimated HIV prevalence in trans women
 - 28% in US
 - 56% in African-Americans
 - 18-22% worldwide



HIV INFECTED AT BASELINE?



HEPATITIS C AND MSM WITH HIV

- 3.2 million infected with chronic HCV
- Growing evidence of sexual spread among HIV infected MSM
- Screening is important especially in light of effective new treatments
- Recommended for all HIV infected MSM at least once, and for elevation in hepatic transaminases
- Emphasize use of condoms to prevent spread

III. CLINICAL CARE OF TRANSGENDER PEOPLE REQUIRES KNOWLEDGE OF GENDER IDENTITY AND SEX ASSIGNED AT BIRTH



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



QUALITY CARE FOR TRANSGENDER PEOPLE: LOUISE M'S STORY

- Louise M is a 59-year-old woman who developed a high fever and chills after head and neck surgery
- The source of infection was her prostate gland (acute prostatitis), but no one knew that she had this anatomy
- No one asked her about her gender identity or knew she was transgender



CREATING A WELCOMING, INCLUSIVE ENVIRONMENT FOR CARING, WORKING AND LEARNING



CREATING A CARING AND INCLUSIVE ENVIRONMENT

- Are clinicians and staff taught about the health needs of LGBT people?
- Do LGBT employees feel respected and safe at work?
- Do forms reflect the full range of sexual and gender identity and expression?



THE JOINT COMMISSION

**Advancing Effective Communication,
Cultural Competence, and
Patient- and Family-Centered Care**

*for the Lesbian, Gay, Bisexual,
and Transgender (LGBT) Community*

A Field Guide

TJC: PATIENT-CENTERED COMMUNICATION STANDARDS FOR HOSPITALS

- RI.01.01.01: The hospital respects, protects and promotes patient rights.
 - EP 28: The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of the stay.
 - EP 29: The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, **sexual orientation**, and **gender identity or expression**.

TRANSGENDER STANDARDS OF CARE



BEST PRACTICES FOR A TRANSGENDER AFFIRMING ENVIRONMENT



Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff

EH NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE


Put this sheet on your wall or desk as a helpful reminder.

Best Practices for a Transgender-Affirming Environment



BEST PRACTICES	EXAMPLES
When addressing patients, avoid using gender terms like "sir" or "ma'am."	"How may I help you today?"
When talking about patients, avoid pronouns and other gender terms. Or, use gender neutral words such as "they." Never refer to someone as "it".	"Your patient is here in the waiting room." "They are here for their 3 o'clock appointment."
Politely ask if you are unsure about a patient's preferred name.	"What name would you like us to use?" "I would like to be respectful—how would you like to be addressed?"
Ask respectfully about names if they do not match in your records.	"Could your chart be under another name?" "What is the name on your insurance?"
Did you goof? Politely apologize.	"I apologize for using the wrong pronoun. I did not mean to disrespect you."
Only ask information that is required.	Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?

EH NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

TEL: 617.227.6754 www.lgbthealtheducation.org EMAIL: lgbthealtheducation@fenwayhealth.org
THE FENWAY INSTITUTE 1240 Boylston Street, 8th Fl Boston, MA 02215

ADDING AFFIRMATIVE IMAGERY AND CONTENT TO EDUCATION AND MARKETING MATERIALS



TALKING WITH PATIENTS ABOUT SOGI



**Do Ask,
Do Tell**



Let your provider know if you are LGBT. Your provider will welcome the conversation. **Start today!**



101 NATIONAL LGBT HEALTH & CARE NETWORK CENTER
A DIVISION OF THE NATIONAL LGBT HEALTH & CARE NETWORK

Do Ask, Do Tell:
Talking to your health care provider about being LGBT

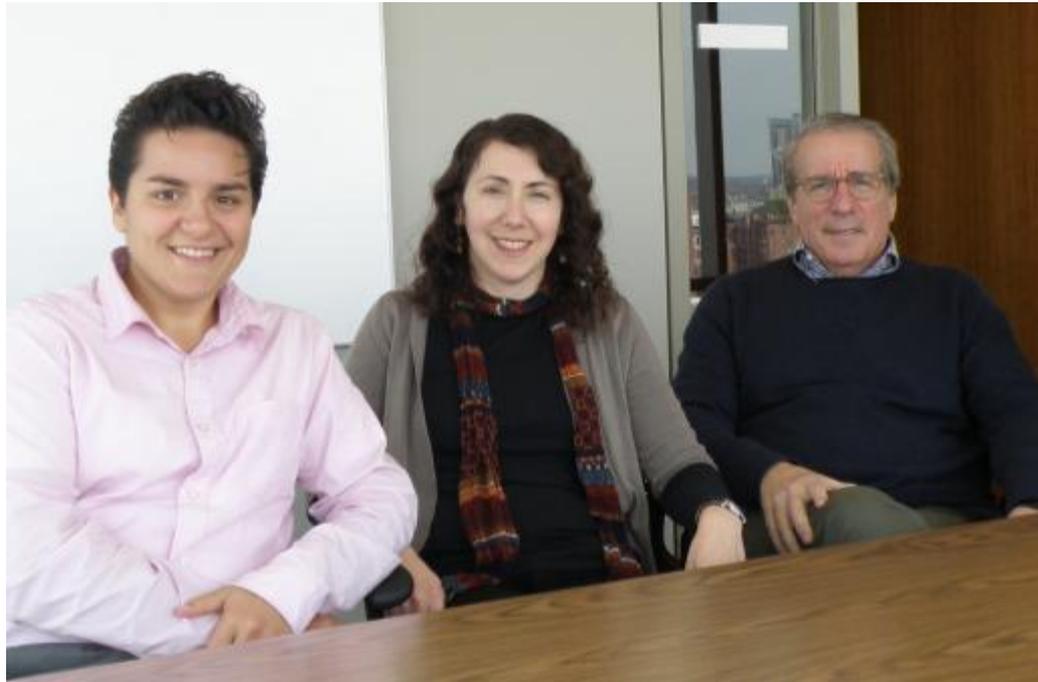




NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

WE ARE HERE TO HELP YOU!



Adrianna Sicari, Hilary Goldhammer, Harvey Makadon

 617.927.6354

 lgbthealtheducation@fenwayhealth.org

 www.lgbthealtheducation.org

