Achieving Health Care Equality for the LGBT Community through Patient Centered Care

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Objectives

• Describe health care disparities in the Lesbian, Gay, Bisexual, and Transgender (LGBT) population

• Explain LGBT definitions

• Discuss the factors behind the health care disparity

• Describe ways to overcome barriers to providing better care and creating a patient centered environment of care
Patient Centered Care

- The Institute of Medicine defines Patient Centered Care as “Providing care that is respectful of, and responsive to, individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions”
Health Care Disparity for LGBT Patients

The Department of Health and Human Services highlighted a disparity in health care for LGBT patients which they state is “rooted in a long history of discrimination in health care and overall societal bias.” This disparity was published in their nationwide health-promotion and disease-prevention goals Healthy People 2010.
Health Care Disparity for LGBT Patients

• In 2011 the National Institutes of Health requested that the Institute of Medicine convene a consensus committee to address LGBT Health Issues.

• The committee’s report identified increased incidence of mental and physical health disorders, limitations in health care access, and interactions with providers who had inadequate training in caring for LGBT patients.
Institute of Medicine Report

- “Although the acronym LGBT is used as an umbrella term, and the health needs of this community are often grouped together, each of these letters represents a distinct population with its own health concerns.”

- Within the group there are distinct differences defined by age, race and ethnicity, education and socioeconomic status, and geographic location.

- For example individuals in rural locations are less likely to “come out”, less likely to have family support, and less likely to seek health care due to a perception that providers are less supportive to their health care needs.
Health Care Disparities in Childhood and Adolescence

- Increased risk of HIV/AIDS
- Elevated levels of violence, victimization, and harassment
- Increased suicidal ideation and attempts
- Increased rate of smoking, alcohol consumption, and substance abuse
- Increased incidence of homelessness
Health Care Disparities in Early to Middle Adulthood

- Increased rate of anxiety, depression, and risk for suicidal ideation and attempts

- Decreased use of preventative health resources for lesbian patients including 4 times less likely to have cervical cancer screening, greater BMI, and higher rates of breast cancer

- Greater rate of HIV/AIDS in men who have sex with men, with black and Latino men disproportionately affected

- Higher rates of smoking, alcohol use, and substance abuse
Health Care Disparities in LGBT Elders

- Fear of discrimination, victimization, and stigma within the health care system
- Particularly, they are vulnerable to unwelcome environment in residential facilities
- Less likely to have children and receive care from adult children
- Higher rates of isolation and lack of social services
- Lack of a safe environment in which to discuss end of life planning
Why do Health Care Disparities Matter

- Interfere with the goal of social justice and equal health care for all Americans.
- Increase total direct medical expenditures for LGBT patients.
- Result in economic loss due to indirect costs associated with lost work productivity and premature death.
LBGT Terms and Definitions

- Sexual Orientation - an individual’s physical, sexual, and emotional attraction.
- Gender Identity - one’s sense gender that may or may not be congruent with their assigned gender.
- Gender expression - one’s appearance, personality, and behavior.
Definitions Continued

- **Homosexual** - individuals attracted to members of the same sex i.e., lesbian or gay.

- **Bisexual** - persons attracted to people of both genders.

- **Pansexual** - an individual who is attracted to people regardless of gender or gender identity.

- **Queer or genderqueer** - a term used by the younger generation who do not want to be labeled by the binary or man/woman. Potentially pejorative term that should be used only if the person requests to be identified as such.
Definitions Continued

- Transgender - individuals whose gender identity, expression, or behavior is different than that assigned at birth.

- Transgender people have different sexual orientations. 20% identify as bisexual, 30% as homosexual, 10% as pansexual, 20% as straight, and the remaining as asexual or other.
• Men who have sex with men - a distinct population of men at increased risk for certain health conditions, who may or may not identify as LGBT.

• Among 4193 men who responded to a survey, on sex and sexuality 9.4% of men who identified as straight had had sex with men.

• These individuals have a very high rate of HIV with 68% of the new cases in the US in 2014.
LGBT Demographic Data
January 2017 Gallup Poll

- 4.1% approximately 10 million identify as LGBT
- Of the 4.1%, 0.6% or 1.4 million are transgender
- Approximately 1 million are same sex married couples
- 7,000 LGBT individuals in North Carolina
Determinants of Health Care Disparity in the United States

Why LGBT Health?

- Bias in Health Care
- Stigma and Discrimination
- Social Determinants

Health Care Disparities
Bias in Health Care

- University of Washington study of 200,000 heterosexual providers who took the Sexuality Implicit Association test showed a moderate to strong preference for straight patients.

- A survey of physicians in California published in 2007 noted that 18.7% were sometimes or often uncomfortable providing care to gay patients.
Stigma and Discrimination

- Stigma refers to the inferior status, negative regard, and relative powerlessness that society assigns to individuals and groups.

- Anticipated stigma - a concern for future discrimination. Individuals may avoid primary care or preventative medicine visits.

- Internalized stigma - extent to which individuals endorse the negative perceptions of themselves. Individuals manifest mental health issues and engage in negative health behaviors.

- Enacted stigma - based on real time experiences can lead to poorer mental health.
Anticipated Stigma

Table 6: Fears and concerns about accessing health care

<table>
<thead>
<tr>
<th>Concern</th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will be refused medical service because I am...</td>
<td>9.1</td>
<td>51.9</td>
<td>20.0</td>
</tr>
<tr>
<td>Medical personnel will treat me differently because I am...</td>
<td>28.5</td>
<td>73.0</td>
<td>35.5</td>
</tr>
<tr>
<td>Not enough health professionals adequately trained to care for people who are...</td>
<td>49.0</td>
<td>89.4</td>
<td>48.0</td>
</tr>
<tr>
<td>Not enough support groups for people who are...</td>
<td>24.3</td>
<td>50.5</td>
<td>31.0</td>
</tr>
<tr>
<td>Not enough substance abuse treatment for people who are...</td>
<td>28.8</td>
<td>58.8</td>
<td>31.1</td>
</tr>
<tr>
<td>Community fear/dislike of people who are...</td>
<td>52.4</td>
<td>85.7</td>
<td>66.1</td>
</tr>
</tbody>
</table>
Enacted Stigma

Table 2: Health care professionals refused to touch me or used excessive precautions

<table>
<thead>
<tr>
<th>Group</th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10.6</td>
<td>15.4</td>
<td>35.6</td>
</tr>
</tbody>
</table>

Table 4: Health care professionals blamed me for my health status

<table>
<thead>
<tr>
<th>Group</th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.2</td>
<td>20.3</td>
<td>25.7</td>
</tr>
</tbody>
</table>

Table 3: Health care professionals used harsh or abusive language

<table>
<thead>
<tr>
<th>Group</th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10.7</td>
<td>20.9</td>
<td>11.7</td>
</tr>
</tbody>
</table>

Table 5: Health care professionals were physically rough or abusive

<table>
<thead>
<tr>
<th>Group</th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.1</td>
<td>7.8</td>
<td>4.3</td>
</tr>
</tbody>
</table>
Prior to 2011 there was a failure of health care organizations to recognize same sex spouses. However, in 2011 federal regulations were enacted requiring all hospitals participating in Medicare and Medicaid to adopt policies allowing visitation for same sex partners and prohibiting discrimination.
Affordable Care Act

• Provided nationwide nondiscrimination protection for sexual orientation and gender identity.

• 30% of patients living with HIV were uninsured. The ACA eliminated preexisting condition exclusion.

• Mandated that preventative services be available such as PAP smears, tobacco cessation classes, and mental health screening.

• 800,000 low income LGBT patients became eligible for health care under the Medicaid expansion.
Obergefell v Hodges

- The FMLA is available to same sex couples.

- The employer health benefits are available to spouses.

- The federal government ceased to tax the value of health care benefits, which had been considered imputed income.
Nondiscrimination LGBT Inclusive Policy Statements

- American Medical Association
- American Academy of Physician Assistants
- American Medical Student Association
- American College of Obstetrics and Gynecology
- American College of Health Care Executives
- American Academy of Pediatrics
HOWEVER

- Despite the recent progress of acceptance, the LGBT community in the Deep South continues to face significant barriers to equality.

- Employers may refuse to hire or fire based on sexual orientation.

- No Southern state prohibits discrimination where housing is concerned.

- Psychological impact of HB2 on 15,619 transgender teens between 13-19 in NC.

- DOJ filed amicus brief that says Title VII does not protect sexual orientation.

- A lack of culturally competent providers. Most medical schools provide an average of 5 hours to LGBT health care.
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
“Respect for all is interwoven throughout our organization. We clearly communicate to our providers and staff what our mission means in an open manner. This is our policy, when we are here, this is who we are and what we do—we check our biases at the door.”

—Vice President, Human Resources at a Midwest hospital
What Leadership Can Do

- Develop or adopt nondiscrimination policies that protect patients
- Develop or adopt policies that ensure equal visitation
- Develop or adopt policies that empower patients to identify a support person of their choice
- Develop a Patient Family Advisory Council to address any issues that could enhance the patient centered care environment
- Identify staff or physicians with expertise or experience who can serve as LGBT champions
Create a Welcoming Environment

- Prominently post the nondiscrimination policy
- Waiting rooms should reflect and be inclusive of LBGT patients and their families
- Provide educational brochures on relevant LBGT health topics
- Create unisex bathrooms
- Provide forms that are gender-neutral allowing for self-identification
- Create a culture of humility by meeting the patient “where they are” without judgement enhances the patient-physician relationship
Create a Welcoming Environment

- Provide training to all staff on LGBT issues
- Homophobia - negative attitudes or bias against LGBT individuals
- Heterosexism - a bias that everyone is heterosexual
- Confidentiality is protected by HIPPA, discuss the patient’s history in private. The presence of family members requires the patient’s consent
Assess Your Environment

- Do staff feel comfortable
- Are their opportunities to discuss issues or concerns
- Are staff able to talk freely with colleagues
- Are staff informed on current LGBT health needs
# Gender Neutral Patient Forms

## Client Registration Form

<table>
<thead>
<tr>
<th>Legal Name*</th>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
<th>Name used:</th>
</tr>
</thead>
</table>

| Legal Sex (please check one)* | Female | Male |

*While Fenway recognizes a number of genders/sexes, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing, and correspondence. If your preferred name and pronouns are different from these, please let us know.

| Date of Birth | Month | Day | Year | Social Security # | State ID # or License # |

Your responses to the following questions will be kept confidential and disclosed only with your written permission:

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6. Preferred Language (choose one):
- English
- Español
- Français
- Português
- Русский
- Other __________

7. Do you think of yourself as:
- Lesbian, gay, or homosexual
- Straight or heterosexual
- Bisexual
- Something else
- Don't know

8. Marital Status
- Married
- Partnered
- Single
- Divorced
- Other __________

9. Veteran Status
- Veteran
- Not a Veteran

10. Referral Source
- Self
- Friend or Family Member
- Health Provider
- Emergency Room
- Ad/Internet/Media/Outreach
- Worker/School
- Other __________

11. What is your gender?
- Female
- Male
- Genderqueer or not exclusively male or female

12. What was your sex assigned at birth?
- Female
- Male

13. Do you identify as transgender or transsexual?
- Yes
- No
- Don't know

Please turn over
Consider:

• When was the last time you asked a patient about their sexual history?

• When was the last time you asked a patient about their sexual orientation?

• When was the last time you asked a patient about their gender identity?
Taking a Sexual History

- Inform patients that a sexual history is a part of every initial intake for everyone. Sexuality and sexual behaviors are components of mental and physical health. The history is completely confidential and is necessary in order to obtain an accurate health assessment.

- One way to begin is to ask about a patient’s family or if they are in a relationship and if they would tell you about that relationship. Do not make assumptions.

- To identify patient’s risk factor it is important to discuss sexual behaviors.
Why Gather This Information

- Increases the ability to screen, detect, and prevent conditions common in the LGBT community.

- For men, the need for hepatitis A and B vaccine, HPV vaccine (men less than 26), and preexposure prophylaxis to reduce the risk of HIV.
Proportion of Physicians Discussing Topics with HIV-Positive Patients

4 US Cities (n=317)

- Adherence to ART  84%
- Condom use  16%
- HIV transmission and/or risk reduction  14%
“Primary care providers, particularly those in rural and underserved areas, are the front line of vital prevention, screening, and treatment for patients throughout the course of their life.”
Real Life Examples

Since coming out, I have avoided seeing my primary physician because when she asked me my sexual history, I responded that I slept with women and that I was a lesbian. Her response was, “Do you know that’s against the Bible, against God?” – Kara, Philadelphia, PA

I was 36 years old at the time of this story, an out gay man, and was depressed after the breakup of an eight-year relationship. The doctor I went to see told me that it was not medicine I needed but to leave my “dirty lifestyle.” He recalled having put other patients in touch with ministers who could help gay men repent and heal from sin, and he even suggested that I simply needed to “date the right woman” to get over my depression. The doctor even went so far as to suggest that his daughter might be a good fit for me. – Joe, Minneapolis, MN
A father brings in his 17 year old son to be evaluated for declining grades and behavioral changes, in particular his son has become very isolated and withdrawn.
A staff member has been heard to make negative remarks about patients who are LGBT. When asked about the behavior, this individual asks to see only non-LGBT patients.
• The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding  The Institute of Medicine 2011

• Advancing Effective Communication, Cultural Competence, and Patient- and Family- Centered Care for the Lesbian, Gay, Bisexual, and Transgender Community  A Field Guide 2014

• thefenwayinstitue.org

• TransBestPracticesforFrontlineStaff
Health care isn’t a privilege.

IT’S A RIGHT.

Treated unfairly? You have rights.