



# *Medical Care for the LGBTQ+ Population*

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# Disclosure

- ▶ I have no relevant financial disclosures.

**Note:** I have a doctorate in Public Health, not a medical license. This presentation will be from the perspective of a public health professional with some guidelines for how to create a LGBTQ+ inclusive practice. If you have a clinical question that I cannot or am not qualified to answer, I have contacts I can ask and get back with you ASAP.



# Agenda

- ▶ What does it mean to be LGBTQ?
- ▶ LGBTQ in America
- ▶ Sexual Orientation as a Spectrum
- ▶ Tips and tricks to create an affirming LGBTQ practice
- ▶ Case Studies
- ▶ Round Table Open Forum (Q&A)

# Learning Objectives

- ▶ Recall 3 health disparities existent for the LGBTQ+ population
- ▶ Explain the 3 dimensions that define sexual orientation.
- ▶ Explain 2 ways that healthcare providers can create a LGBTQ+ affirming practice
- ▶ Explain 2 ways that healthcare providers can properly care for the LGBTQ+ patient



# What does the acronym mean?

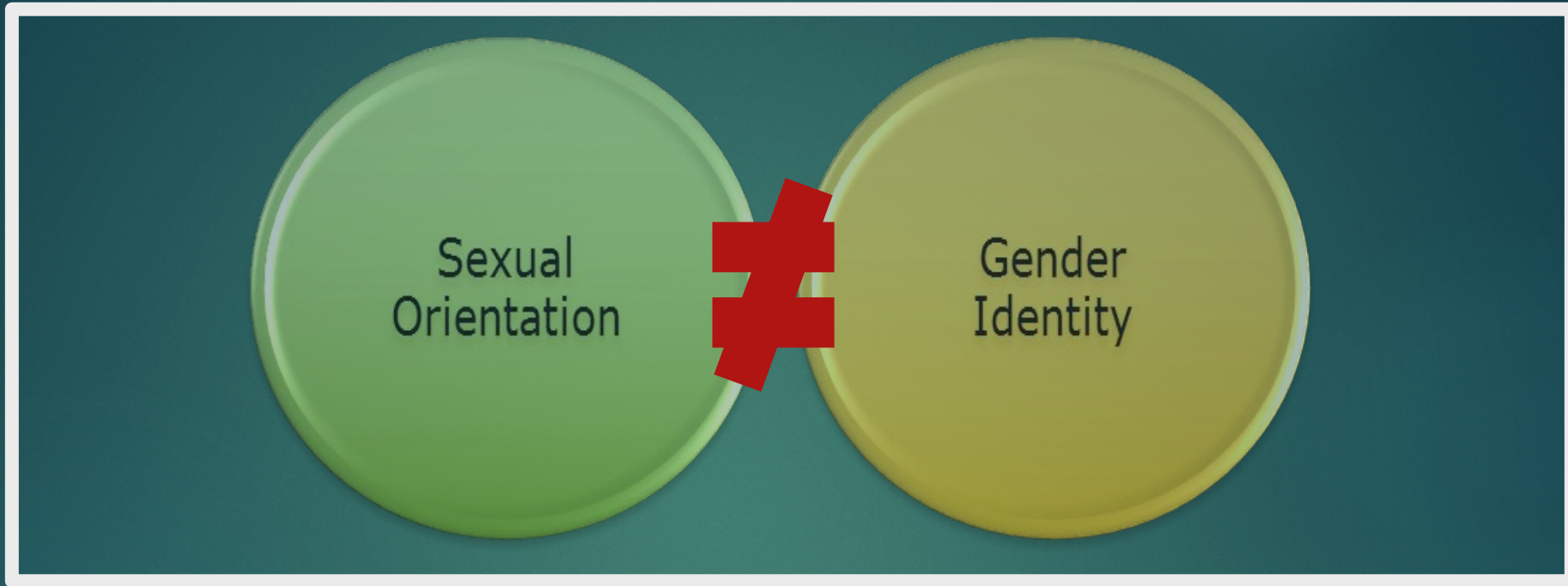
- ▶ **L**esbian (women who have sex with women)
- ▶ **G**ay (men who have sex with men)
- ▶ **B**isexual (a person who has sex with both genders)
- ▶ **T**ransgender (a person who identifies as a gender other than their sex assigned at birth)
- ▶ **Q**uestioning/Queer



# But why the “+”?

L	G	B	T	T	Q	Q	I	A	A	P
<b>Lesbian</b> A woman who is primarily attracted to women.	<b>Gay</b> A man who is primarily attracted to men; sometimes a broad term for individuals primarily attracted to the same sex.	<b>Bisexual</b> An individual attracted to people of their own and opposite gender.	<b>Transgender</b> A person whose gender identity differs from their assigned sex at birth.	<b>Transsexual</b> An outdated term that originated in the medical and psychological communities for people who have permanently changed their gender identity through surgery and hormones.	<b>Queer</b> An umbrella term to be more inclusive of the many identities and variations that make up the LGBTQ+ community.	<b>Questioning</b> The process of exploring and discovering one's own sexual orientation, gender identity and/or gender expression.	<b>Intersex</b> An individual whose sexual anatomy or chromosomes do not fit with the traditional markers of “female” and “male.”	<b>Ally</b> Typically a non-queer person who supports and advocates for the queer community; an individual within the LGBTQ+ community can be an ally for another member that identifies differently than them.	<b>Asexual</b> An individual who generally does not feel sexual desire or attraction to any group of people. It is not the same as celibacy and has many subgroups.	<b>Pansexual</b> A person who experiences sexual, romantic, physical and/or spiritual attraction to members of all gender identities/expressions, not just people who fit into the standard gender binary.





**All people** have a sexual orientation and a gender identity

How people identify can change

Terminology varies

Gender identity and sexual orientation are separate concepts



# Sexual Orientation and Gender Identity: interrelated AND distinct concepts

## Sexual Orientation

- ▶ Sexual orientation:
  - ▶ Romantic Attractions
  - ▶ Sexual Behavior
  - ▶ Sexual Identity
- ▶ Examples of sexual orientation includes the following unfixed categories:
  - ▶ **Heterosexual** (straight; opposite-sex attracted/behavior/identity)
  - ▶ **Gay/Lesbian** (same-sex attracted/behavior/identity)
    - ▶ Gay males
    - ▶ Lesbian females
  - ▶ **Bisexual** (same- and opposite- sex attracted/behavior/identity)

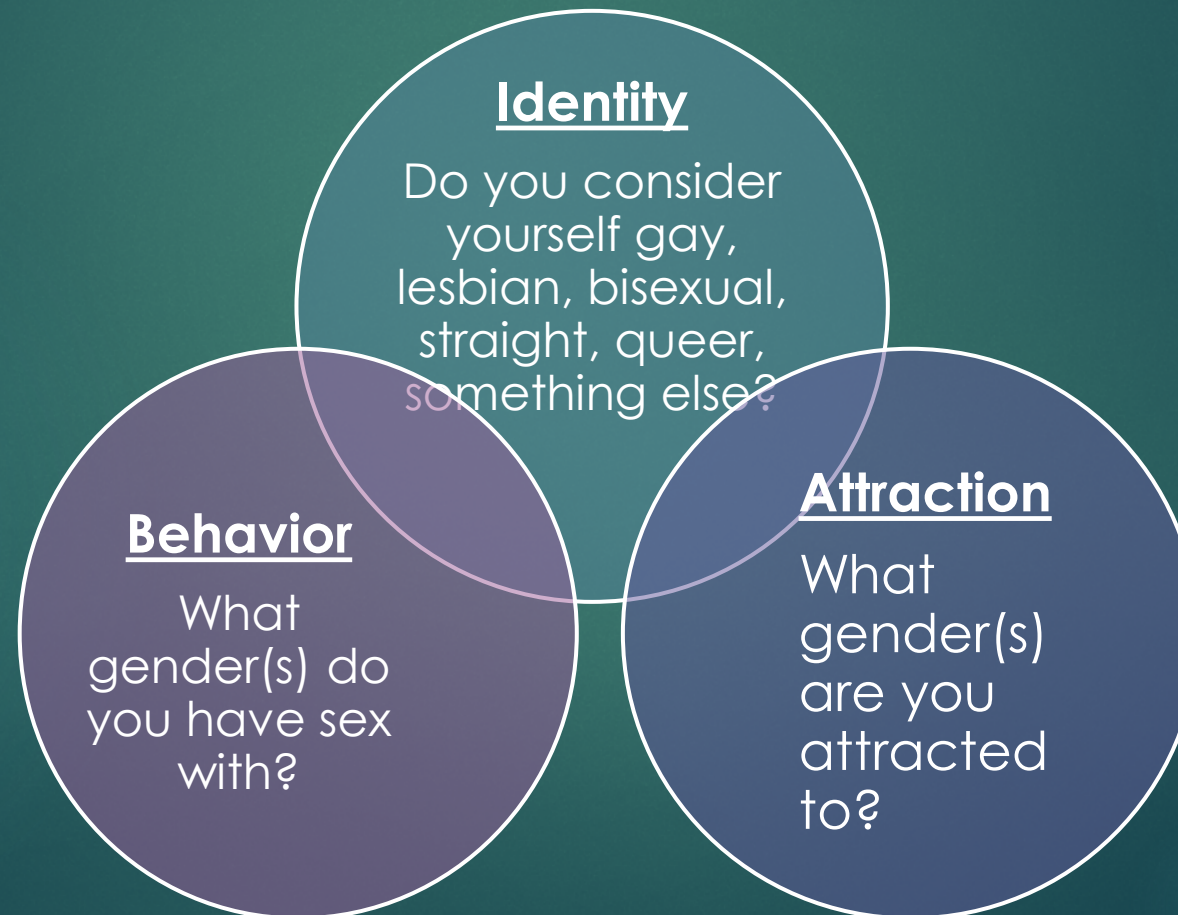
## Gender Identity

- ▶ One's sense of self as being a man or a woman or another gender (i.e., transgender)
- ▶ **Transgender** = individuals whose gender identity varies from their sex assignment at birth.
- ▶ **Cisgender** = individuals whose gender identity matches their sex assigned at birth.



**SEXUAL ORIENTATION** is how a person characterizes their physical and emotional attraction to others.

**Sexual orientation has 3 dimensions.**





# THE SPECTRUM OF GENDER AND IDENTITY

## BIOLOGICAL SEX

Sex assigned at birth

MALE

INTERSEX

FEMALE

## GENDER IDENTITY

How you feel on the inside

MAN

TRANSGENDER / GENDERQUEER / NON-BINARY

WOMAN

## GENDER EXPRESSION

How you present yourself to others

MASCULINE

ANDROGYNOUS / NON-BINARY

FEMININE

# THE SPECTRUM OF ORIENTATION

## SEXUAL ORIENTATION

Who you like

HETEROSEXUAL

BISEXUAL / PANSEXUAL / ASEXUAL

GAY/LESBIAN

Sexual Orientation and Gender Identity and Expression are fluid and on a spectrum.



# LGBTQ Statistics

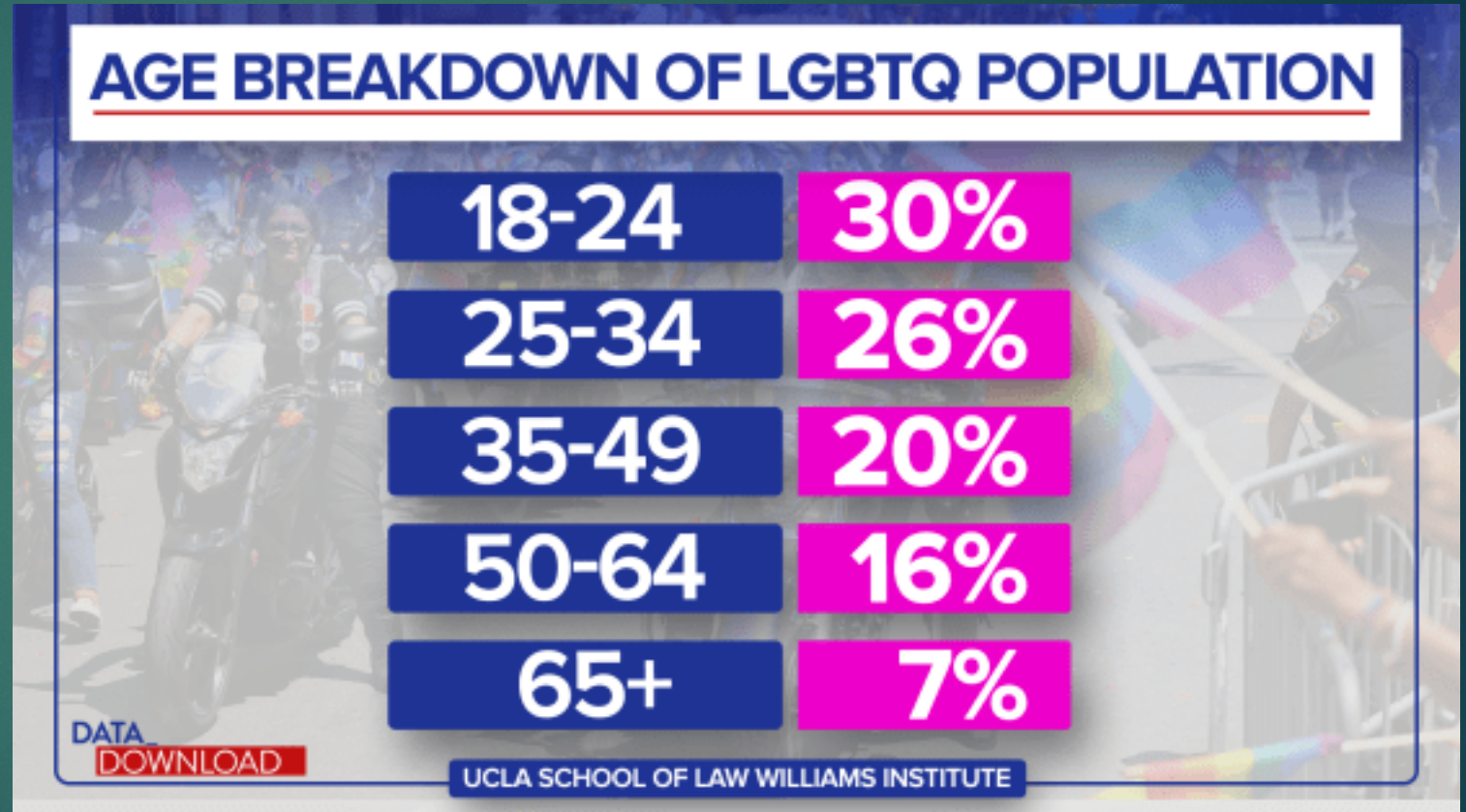
2019

National population surveys don't necessarily include sexual or gender identity

- ▶ *There is no way to obtain an exact count of LGBTQ people in the U.S.*

Approximately **23.5 million** adults in the U.S. identify as LGBTQ (7.1%)

- ▶ Increasing with Millennials and Gen Z



- By 2030, Gen Z will make up 30% of our workforce
- This generation values diversity, inclusion, & social impact



# Times are changing...



- ▶ Household Pulse Survey of Census 2021 captured Sexual Orientation and Gender Identity (SOGI) for the first time.
- ▶ This opens the door to additional, national, population-based data sets.
- ▶ <https://www.census.gov/library/stories/2021/11/census-bureau-survey-explores-sexual-orientation-and-gender-identity.html>
- ▶ <https://www.washingtonpost.com/dc-md-va/2021/12/31/transgender-food-insecurity/> - Washington Post article discussing food insecurity among trans\* people

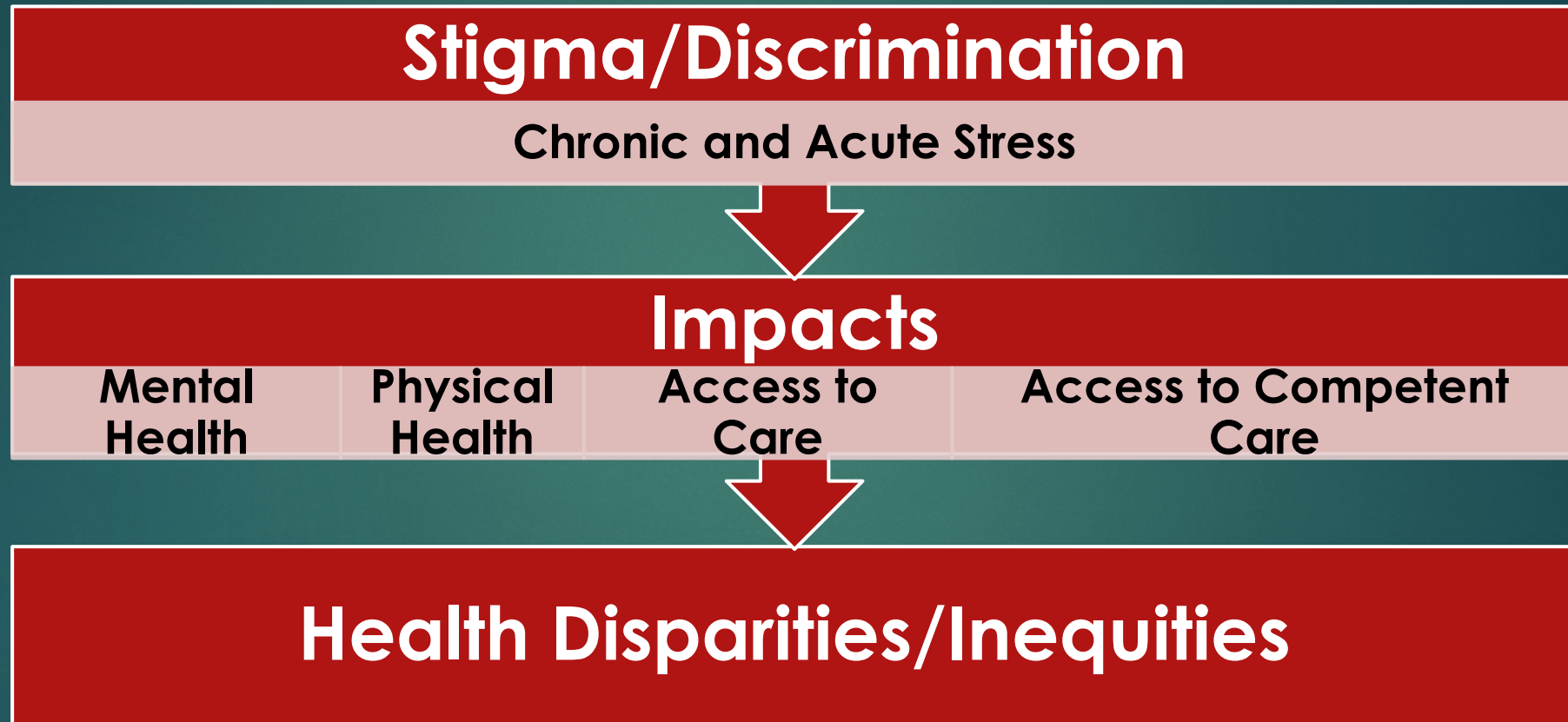


# LGBTQ in Healthcare

- ▶ Stigma, discrimination, violence, and even denial of care are all real issues that can dissuade LGBTQ+ people from seeking medical care.
- ▶ Medical schools in the U.S. spend little (if any) time on LGBTQ-related content.
  - ▶ **33% of medical schools have no LGBTQ content and 7% have none in preclinical years**
- ▶ Healthcare providers aren't free of biases, which can get in the way of a LGBTQ+ person receiving adequate care.
- ▶ Many healthcare providers have very limited experiences with unique LGBTQ+ healthcare needs.
- ▶ Approx. 1/3 of LGBTQ medical students remain closeted throughout medical school and postgraduate training
  - ▶ **40% are fearful of discrimination if disclosing their sexual orientation**
- ▶ LGBTQ people have unique health disparities that need to be addressed.

(Stanford Medicine, 2015; Gibson, Gobillot, Wang, 2020)

# Stigma, Discrimination, & Health





# LGBTQ Health Disparities

## (Healthy People 2030)

LGBT health requires specific attention from health care and public health professionals to address a number of disparities, including:

- ▶ LGBT youth are 2 to 3 times more likely to attempt suicide.<sup>[18](#)</sup>
- ▶ LGBT youth are more likely to be homeless.<sup>[19](#), [20](#), [21](#)</sup>
- ▶ Lesbians are less likely to get preventive services for cancer.<sup>[22](#), [23](#)</sup>
- ▶ Gay men are at higher risk of HIV and other STDs, especially among communities of color.<sup>[24](#)</sup>
- ▶ Lesbians and bisexual females are more likely to be overweight or obese.<sup>[25](#)</sup>
- ▶ Transgender individuals have a high prevalence of HIV/STDs,<sup>[26](#)</sup> victimization,<sup>[27](#)</sup> mental health issues,<sup>[28](#)</sup> and suicide<sup>[29](#)</sup> and are less likely to have health insurance than heterosexual or LGB individuals.<sup>[30](#)</sup>
- ▶ Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.<sup>[31](#)</sup>
- ▶ LGBT populations have the highest rates of tobacco,<sup>[32](#), [33](#)</sup> alcohol,<sup>[33](#), [34](#)</sup> and other drug use.<sup>[33](#), [35](#), [36](#)</sup>

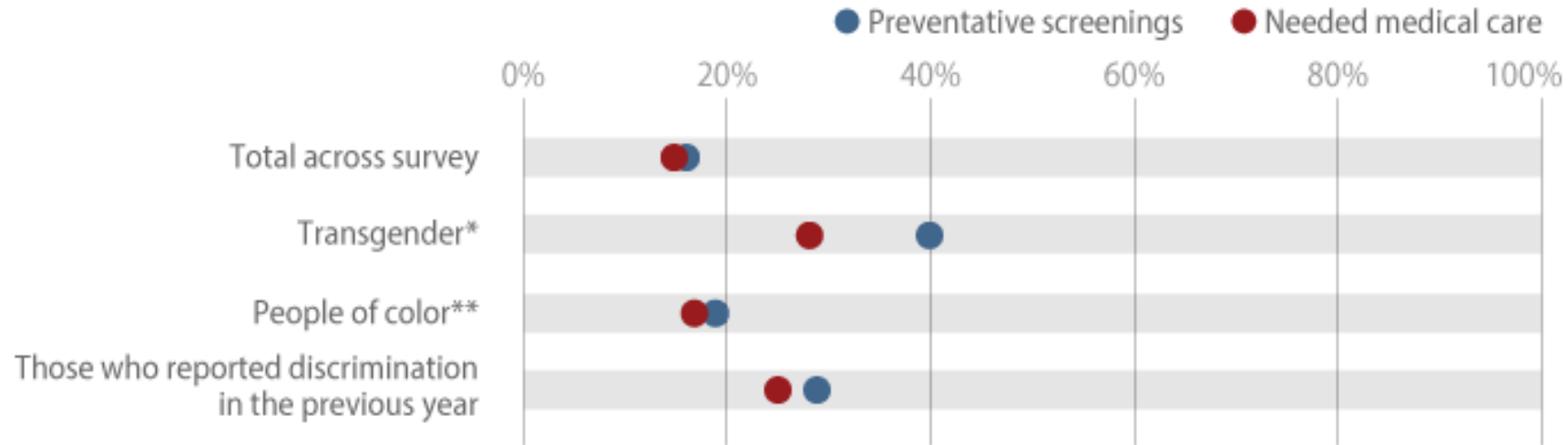
# LGBTQ Fear of Discrimination (CAP Survey 2020)

Interviews with 1,528 self-identified LGBTQ adults ages 18 or older

FIGURE 11

**One-quarter of LGBTQ Americans who faced discrimination in the previous year postponed or avoided receiving needed medical care for fear of further discrimination**

Share of LGBTQ Americans who postponed or avoided health care for fear of discrimination, by demographic group



\* The statistics for transgender individuals include nonbinary, gender-nonconforming, genderqueer, and agender respondents.

\*\* For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals, as well as those identifying as "other, non-Hispanic."

Source: Center for American Progress and NORC at the University of Chicago online survey, June 2020, on file with the authors.



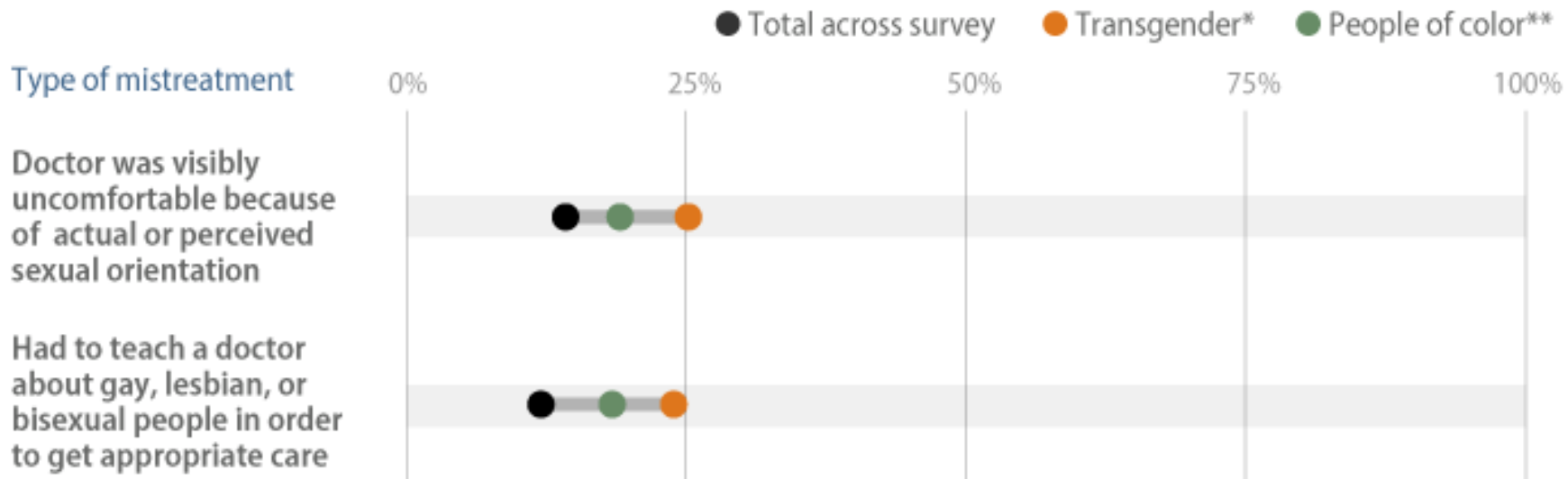


# LGBTQ Actual Discrimination (CAP Survey 2020)

FIGURE 12

## More than 1 in 10 LGBTQ Americans faced mistreatment by a doctor or health care provider

Share of LGBTQ Americans who reported mistreatment by doctors or health care providers, by demographic group



\* The statistics for transgender individuals include nonbinary, gender-nonconforming, genderqueer, and agender respondents.

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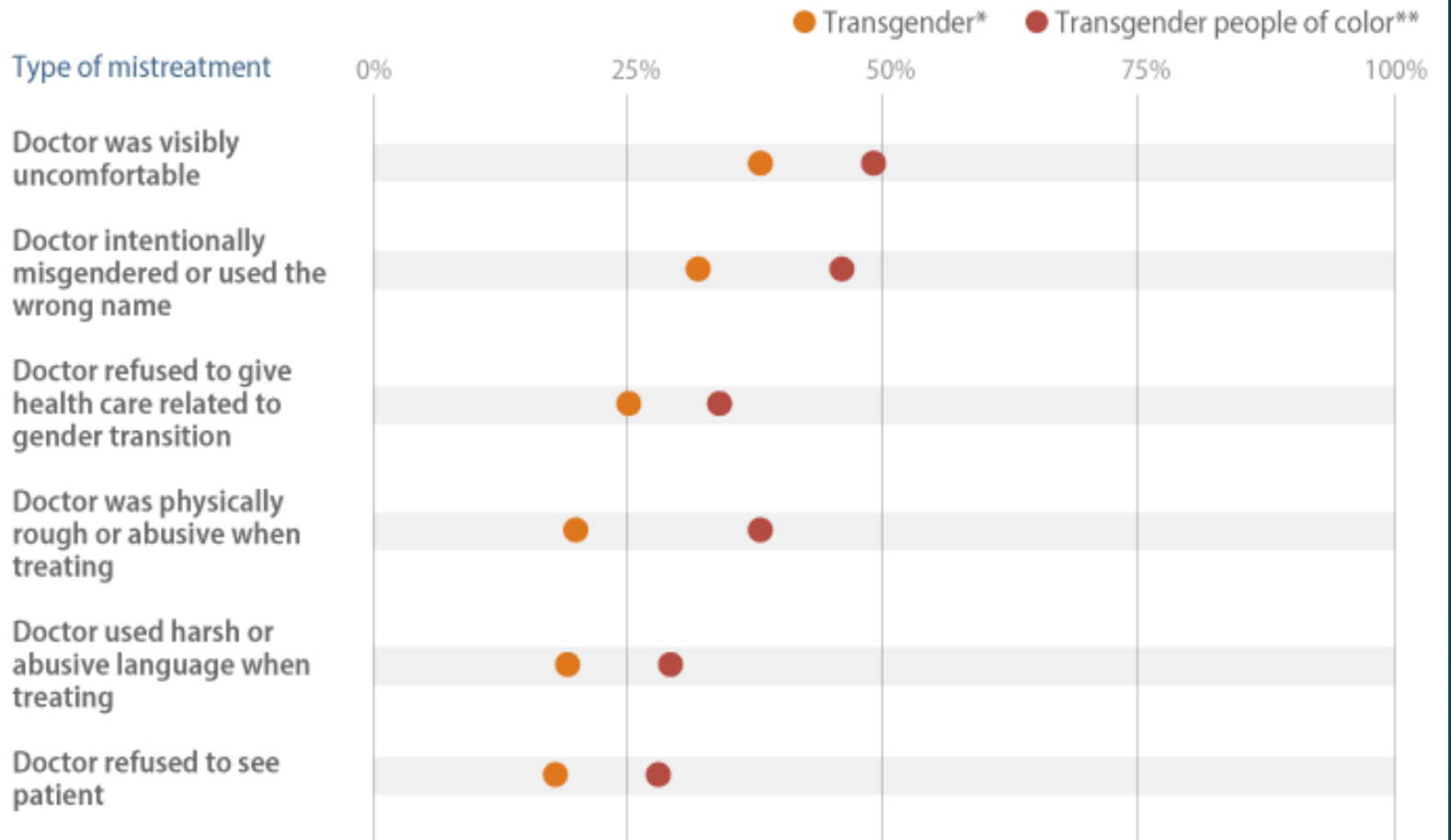


# Trans\* Actual Discrimination (CAP Survey 2020)

FIGURE 13

## Transgender Americans face unique barriers to accessing health care

Share of transgender Americans who reported mistreatment by doctors or health care providers because of actual or perceived gender identity, by demographic group



\* The statistics for transgender individuals include nonbinary, gender-nonconforming, genderqueer, and agender respondents.

\*\* For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals, as well as those identifying as "other, non-Hispanic."

Source: Center for American Progress and NORC at the University of Chicago online survey, June 2020, on file with the authors.

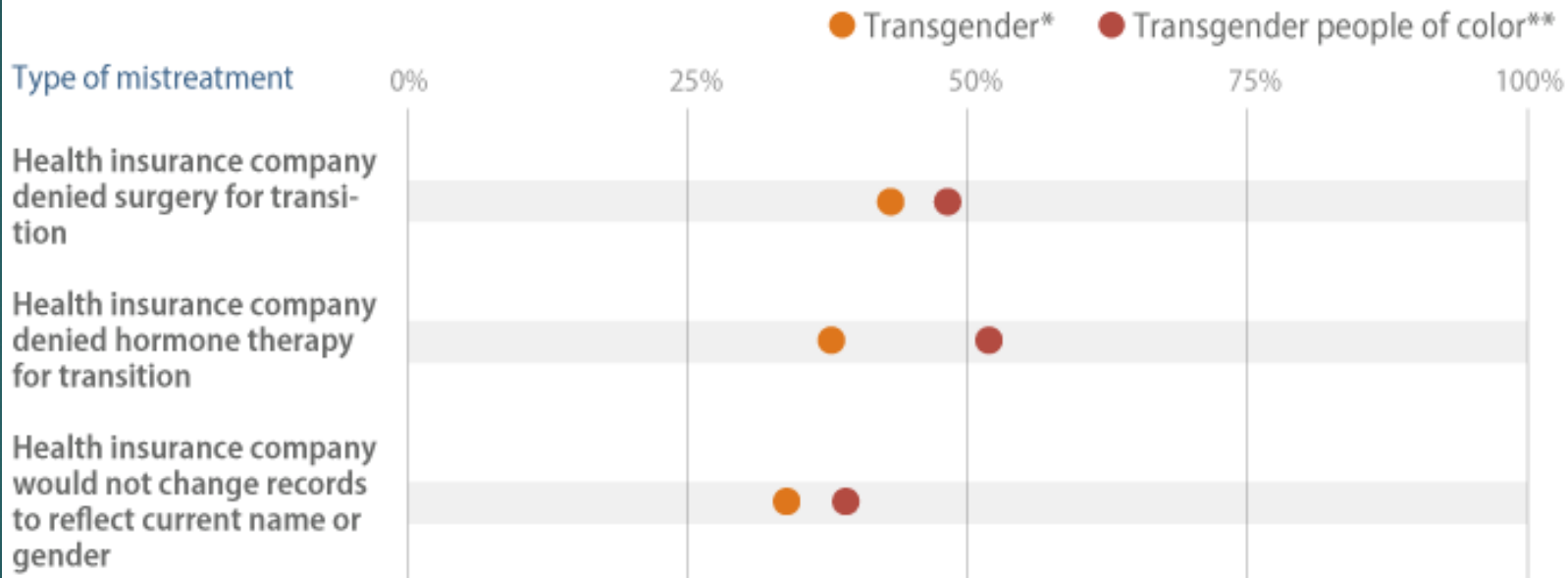


# Trans\* Insurance Discrimination (CAP Survey 2020)

FIGURE 14

## Many transgender Americans face health insurance discrimination

Share of transgender Americans who reported discrimination in the health insurance industry, by demographic group



\* The statistics for transgender individuals include nonbinary, gender-nonconforming, genderqueer, and agender respondents.

\*\* For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals, as well as those identifying as "other, non-Hispanic."

Source: Center for American Progress and NORC at the University of Chicago online survey, June 2020, on file with the authors.





In healthcare,  
**STRAIGHTNESS**  
IS *typically*  
**ASSUMED.**

INCREASED AWARENESS  
of our numbers, geographical  
location, behaviors, and concerns, will lead to increased  
research, which ultimately leads to improved healthcare  
and better health outcomes.

**30%**

of lesbian/bisexual  
women are not "out"  
to their healthcare  
provider\*

**Reasons for lack of  
disclosure include:**

- » embarrassment
- » fear of ostracism  
or refusal to treat
- » voyeuristic curiosity
- » breach of confidentiality
- » simply not comfortable  
having the conversation

\*Based on data from a needs assessment survey conducted by Mazzoni Center

Design by [phillesbian.com](http://phillesbian.com)

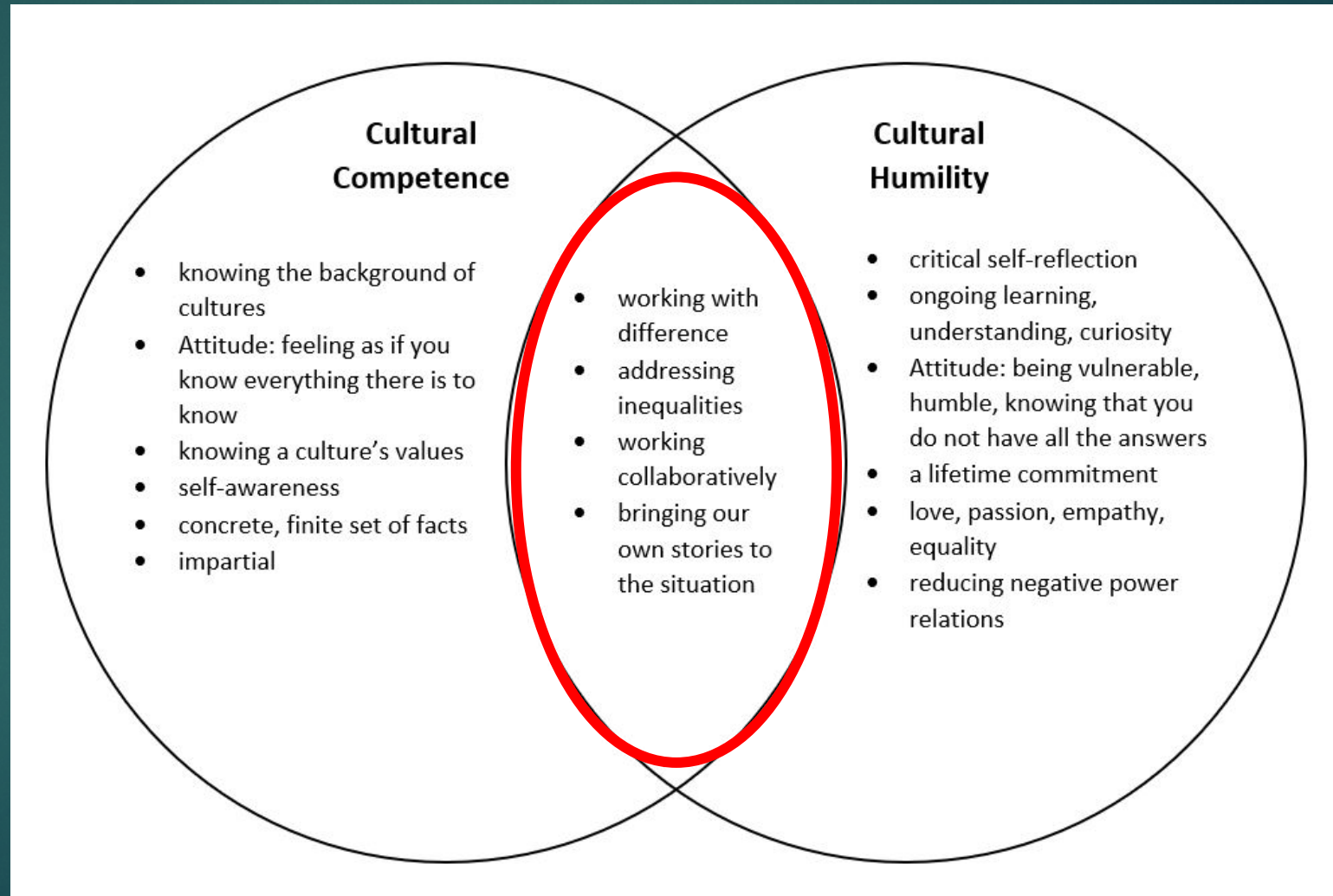


# What can we do?

- ▶ Become familiar with clinical guidelines and recommendations for LGBTQ people.
- ▶ Adopt a formal policy of nondiscrimination and respect for each patient's sexual orientation and gender identity.
- ▶ Seek training on LGBTQ-appropriate care, nondiscrimination, and inclusivity.
- ▶ Educate yourself on LGBTQ cultural competencies.
- ▶ Do not assume your patient is heterosexual.
- ▶ Use the patient's preferred pronouns.
- ▶ Realize that your personal bias, religious beliefs and feelings can negatively influence the health of LGBTQ patients.
- ▶ Assess your own cultural competence & humility when caring for LGBTQ patients.
- ▶ Become a LGBTQ+ affirming healthcare provider



# Providing affirming LGBTQ care will require both cultural competence and cultural humility



# Cultural competency and microaggressions in the provision of care to LGBT patients in rural and appalachian Tennessee

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Adapted LGBT Healthcare Scale.

(Mark one answer per row)		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	I would prefer not to provide care for lesbian, gay, or bisexual patients.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2.	I would refuse to care for a lesbian, gay, or bisexual patient if I were aware they identified as LGB.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3.	I feel competent to provide care for lesbian, gay, or bisexual patients.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4.	Lesbian, gay, or bisexual patients have specific health needs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5.	I feel I would be able to talk to a patient who identifies as lesbian, gay, or bisexual in a sensitive and appropriate manner.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6.	I believe my medical training adequately addressed the health needs of the lesbian, gay, and bisexual population.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7.	I would prefer not to provide care for transgender patients.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8.	I would refuse to care for a transgender patient if I were aware they identified as transgender.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9.	I feel competent to provide care for transgender patients.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10.	Transgender patients have specific health needs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11.	I feel I would be able to talk to a patient who identifies transgender in a sensitive and appropriate manner.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12.	I believe my medical training adequately addressed the health needs of the transgender population.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



# Study Results (n=85)

- ▶ 1 in 10 respondents stated they would prefer not to care for LGBT patients
- ▶ 92.9% stated they WOULD NOT refuse care to LGBT patients
- ▶ 54.1% felt competent to provide LGBT patient care
  - ▶ Fewer oncology than primary care providers felt competent treating LGBT patients, and more physicians than nurses reported their training did not adequately address LGBT issues.
- ▶ Qualitatively, interviewees (n=6) reported serving patients “equally” yet described discomfort with LGBT patients and LGBT microaggressions in clinical practice.



# Microaggressions resulting from defining LGBT culturally competent care:

- ▶ “**I will not pursue it [conversation about SOGI]** unless it is something that is clearly a topic that the patient wishes to discuss. If it not something that they want to be explicit about, that is fine.” (HC.187, oncology nurse)
- ▶ “I ask the patient if I can call them by their [birth/legal] name, because of my beliefs, I do not care—if **I know it’s a male and he still has a penis, I will not call him Margaret or say she.**” (HC.411, public health nurse)





# Becoming an affirming LGBTQ+ provider

COMMUNICATION

# Communications: The Whole Team



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Many LGBT people have difficulty finding health care where they feel included and accepted.

In the next few slides, we'll discuss basic communication principles and strategies for creating welcoming environments for all.

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## **ASSUMPTIONS**

A key principle of effective communication is to avoid making assumptions:

- ▶ Don't assume you know a person's gender identity or sexual orientation based on how they look or sound
- ▶ Don't assume you know how a person wants to describe themselves or their partners
- ▶ Don't assume all of your patients are heterosexual and cisgender (not transgender)

# Avoiding

## ASSUMPTIONS

To avoid making assumptions about gender identity or sexual orientation with new clients, use gender-neutral terms and avoid using pronouns. *For example:*

- ▶ *Instead of:* “How may I help you, sir?”
  - ▶ Say: “How may I help you?”
- ▶ *Instead of:* “She is here for her appointment.”
  - ▶ Say: “The patient is here in the waiting room.”
- ▶ *Instead of:* “What are your mother and fathers’ names?”
  - ▶ Say: “What are your parent(s) or guardian(s)’ names?”
- ▶ *Instead of:* “Do you have a wife/husband?”
  - ▶ Say: “Are you in a relationship?” or “Do you have a partner?”



# Using

## **NAMES & PRONOUNS**

- ▶ Another key principle of effective communication is to use clients' preferred names and pronouns
- ▶ Transgender people often change their name to affirm their gender identity
  - ▶ This name is sometimes different than what is on their insurance or identity documents
- ▶ Transgender people want others to use pronouns that affirm their gender identity

## **NAMES & PRONOUNS**

- ▶ Registration forms should have a space for clients/patients to enter their preferred name and pronouns
- ▶ This information should also be included in all records including medical records
- ▶ A patient's pronouns and preferred name should be used consistently by all staff



# Using **NAMES & PRONOUNS**

Subjective	Objective	Possessive
She	Her	Hers
He	Him	His
They	Them	Theirs
Ze	Zim	Zirs
Sie/Zie	Hir	Hirs



# Using **NAMES & PRONOUNS**

- ▶ If you are unsure about a patient's preferred name or pronouns:
  - ▶ *"I would like be respectful—what name and pronouns would you like me to use?"*
- ▶ If a patient's name doesn't match insurance or medical records:
  - ▶ *"Could your chart/insurance be under a different name?"*
  - ▶ *"What is the name on your insurance?"*
- ▶ If you accidentally use the wrong term or pronoun:
  - ▶ *"I'm sorry. I didn't mean to be disrespectful."*



# Keeping Up with Terminology

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Avoid these Outdated Terms	Consider these Terms Instead
Homosexual	Gay, lesbian, bisexual, or LGBT
Transvestite; Transgendered	Transgender
Sexual preference; Lifestyle choice	Sexual orientation

# Tips and Tools to enhance your LGBTQ+ affirming practice (Language)

SAY THIS:	INSTEAD OF:	WHY?
<b>They</b> <b>The patient</b>	He, she, Mr., Mrs., Miss, Ms.  or  Sir, Ma'am	If you do not yet know the gender identity and gender pronouns of a patient, it is important to use gender-neutral alternatives like "the patient" or "they" rather than making an assumption of their gender. You can also simply eliminate the gendered term and not use a substitute. For example, you could say "excuse me, how may I help you?" Instead of "excuse me, sir, how may I help you?"
<b>Folks</b> <b>or</b> <b>Everyone</b>	Ladies and gentlemen	These are gender neutral alternatives to addressing a group of people.
<b>Parent or</b> <b>guardian</b>	Mother or father	Not every family includes a mother and/or father. Parent/Guardian are gender-neutral alternatives that convey the same meaning.
<b>Sibling</b>	Brother or sister	This is a gender-neutral term that applies to siblings of all genders, and would be inclusive of someone who is non-binary or gender non-conforming.
<b>Significant Other</b> <b>or</b> <b>Spouse</b> <b>or</b> <b>Partner</b>	Boyfriend or girlfriend  or  Husband or wife	Significant Other is a term that does not assume the gender of someone's romantic partner. It can also be used to refer to a romantic partner who does not identify as male or female. Similarly, spouse can be used if a couple has married.
<b>Intersex</b>	Hermaphrodite	Hermaphrodite is an outdated term with a negative medical history, that when used can be stigmatizing to Intersex people. Intersex is the term used by the Intersex community.
<b>Gay or lesbian</b>	Homosexual	The term homosexual has a negative medical history as being used as a "diagnosis," or in conjunction with "conversion therapy." Additionally, the term is often used when referring to a discomfort with gay and lesbian communities.



# Tips and Tools to enhance your LGBTQ+ affirming practice (Language)

**Pro Tip:** If you make a mistake, and use the wrong name or wrong gender pronoun, simply apologize and acknowledge your mistake. You can say, "I apologize for using the wrong pronoun, I did not mean to disrespect you. I won't let that happen again."

SAY THIS:	INSTEAD OF:	WHY?
Transgender person	"Transgendered" or "A Transgender"	Transgender is a term that should always be used as an adjective, not a noun or past state of being.
Cisgender woman or cisgender man	"A real woman" or "a normal man"	Saying "real" or "normal" implies that transgender people are abnormal, which is false and a stigmatizing way to refer to someone.
Assigned female at birth or assigned male at birth	"born female" or "born male" or "biological" gender "male bodied" or "female bodied"	Using "assigned sex at birth" accurately describes how gender is attributed to newborns. Furthermore, the "-bodied" language is often interpreted as pressure to medically transition, or can be interpreted as invalidation of someone's gender identity.
Who are your sexual partners? or What are the genders of your sexual partners?	Do you have sex with men, women or both? or Assuming the gender of someone's sexual partner(s)	This open ended, gender-neutral question will help avoid making assumptions about someone's sexual orientation or sexual behavior during a sexual history. Only asking about "men, women, or both" also can act to erase non-binary identities, and might cause a patient to not be as open with their provider.
Could your chart be under a different name? or What is the name/gender on your insurance?	We don't have you in our records. or What's your real name/gender? Oh, I see you're actually [insert other name]	If a patient's name or gender does not match what you have in the medical record, it is best to ask respectfully about a possible additional or previous name, rather than invalidating the patient's identity or making them feel stigmatized and uncomfortable.
I apologize for using the wrong pronoun, I did not mean to disrespect you.	It's too hard for me to remember your pronoun.	If you make a mistake and use the wrong gender pronoun for someone, simply apologize and acknowledge your mistake.

# Accountability is **KEY**



- ▶ Creating an environment of accountability and respect requires everyone to work together
- ▶ Don't be afraid to politely correct your colleagues if they make a mistake or make insensitive comments
  - ▶ *"Those kinds of comments are hurtful to others and do not create a respectful work environment."*
  - ▶ *"My understanding is that this patient prefers to be called 'Jane', not 'John'."*





# Becoming an affirming LGBTQ+ provider

SIGNAGE AND INTAKE FORMS

Our physicians and staff support the American Medical Association nondiscrimination policy, in that:

This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex or gender identity.

An example from AMA



# Creating a LGBTQ+ Affirming Practice

## Sexual Orientation and Gender Identity (SOGI) Data Collection

- Registration/intake forms have options for:
  - Name used (distinct from administrative/legal name)
  - Gender identity (distinct from administrative/legal sex)
  - Gender pronouns
  - Sexual orientation
- If no forms are used, registration staff are observed asking patients for their gender and name as distinct from what may be on their government issued identification or insurance card.
- Document SOGI fields in the electronic medical record, for example:
  - In the Epic electronic medical record, these fields exist at registration, and via the SOGI Smartform.

**Pro Tip:** To ascertain a patient's gender identity and name used at registration, ask, "Is the information on your insurance card, such as your name and gender, up to date and accurate?" This is a friendly way to let a patient know that you are not making an assumption about their gender.

Actual photo  
from a sexual  
minority  
patient here  
in East TN...

3. Do you still have reproductive organs? ☒ Yes ☐ No

a. If YES, please select form of birth control:


- Condoms
  - Diaphragm
  - Spermicide
  - Vaginal Ring
  - Patch
  - Oral Birth Control - Type: \_\_\_\_\_
  - Depo - Date Administered: \_\_\_\_\_
  - IUD - Type: \_\_\_\_\_ Date Administered: \_\_\_\_\_
  - Implant - Type: \_\_\_\_\_ Date Administered: \_\_\_\_\_
  - Other - Type: \_\_\_\_\_ Date Administered: \_\_\_\_\_
- Gray!

b. If NO,

- NO - I have had a complete hysterectomy (uterus and bo  
Date of complete hysterectomy? \_\_\_\_\_
- NO - I have had a partial hysterectomy (one or both ova  
Date of partial hysterectomy? \_\_\_\_\_




# Tips and Tools to enhance your LGBTQ+ affirming practice (Intake Form)

FENWAY  HEALTH		The information in your medical record is confidential and is protected under Massachusetts General Laws Ch. 111, Sec 70. Your written consent will be required for release of information except in the case of a court order.		<b>Medical Record #</b> (For office use only)		
<b>Client Registration</b>						
<b>Legal Name*</b>		Last	First	Middle Initial	<b>Name used:</b>	
<b>Legal Sex (please check one)*</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <small>*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.</small>					<b>Pronouns:</b>	
<b>Date of Birth</b>		Month	Day	Year	<b>Social Security #</b>	<b>State ID # or License #</b> (if applicable)
		/	/			
<b>Your answers to the following questions will help us reach you quickly and discreetly with important information.</b>						
<b>Home Phone</b> ( ) <b>Ok to leave voicemail?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Cell Phone</b> ( ) <b>Ok to leave voicemail?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Work Phone</b> ( ) <b>Ok to leave voicemail?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Best number to use:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Address</b>		City		State	ZIP	
<b>Email address:</b>						
<b>Occupation</b>		Employer/School Name		<b>Are you covered under school or employer's insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Emergency Contact's Name</b>		Phone Number		Relationship to you		

# Tips and Tools to enhance your LGBTQ+ affirming practice (Intake Form)

*This information is for demographic purposes only and will not affect your care.*

<b>1.) What is your annual income?</b>  _____ <input type="checkbox"/> No income  <b>1a.) How many people (including you) does your income support?</b>  _____	<b>2.) Employment Status</b>  <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"/> Unemployed <input type="checkbox"/> Other _____	<b>3.) Racial Group(s)</b> (check all that apply)  <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Native American / Alaskan Native / Inuit <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	<b>4.) Ethnicity</b>  <input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Not Hispanic/Latino/Latina  <b>5.) Country of Birth</b>  <input type="checkbox"/> USA <input type="checkbox"/> Other _____
<b>6.) Preferred Language (choose one:)</b>  <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский Other _____	<b>7.) Do you think of yourself as:</b>  <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	<b>8.) Marital Status</b>  <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____  <b>9.) Veteran Status</b>  <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran	<b>10.) Referral Source</b>  <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 <input type="checkbox"/> Work or School <input type="checkbox"/> Other _____
<b>11.) What is your gender?</b>  <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer or not exclusively male or female	<b>12.) What was your sex assigned at birth?</b>  <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>13.) Do you identify as transgender or transsexual?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<b>Please turn over</b>  



# Case Studies

# Case Study 1: Janice and Tonya

- ▶ Two women, Janice and Tonya, arrive with a baby for a 6 month check up and immunizations
- ▶ A medical assistant introduces herself to Janice and says, “Oh, did you bring your sister? How nice!”
- ▶ Tonya and Janice both frown. Tonya says with exasperation, “Actually, I’m her wife and this is our baby.”
  - ▶ Why are Tonya and Janice upset?
  - ▶ What could the medical assistant have said instead?
  - ▶ How could the medical assistant apologize?





# Case Study 2: Marcus

- ▶ In talking about his history, Marcus tells Amy, his nurse practitioner, that he has had 2 male sexual partners this year, as well as female partners in prior years.
- ▶ Amy encourages Marcus to have an HIV test by saying, "I recommend all my gay patients get tested at least once a year."
- ▶ After Amy says this, Marcus appears upset.
  - ▶ Why is Marcus upset?
  - ▶ What could Amy have said instead?



# Case Study 3: Chris

- ▶ A new patient, Chris, completes the registration paperwork and hands it to Mike at the front desk.
- ▶ Mike is looking over the forms and notices that Chris has skipped the gender question. Mike asks Chris to complete the skipped question.
- ▶ Chris says, "But I don't identify with the options (male or female) and left it blank on purpose."
  - ▶ How can Mike proceed with this patient's registration?
  - ▶ How can Mike work with this patient to be respectful?
  - ▶ What are ways in which this scenario could be avoided?





# Helpful Resources

GLMA: Finding a LGBTQ+ friendly provider:

<http://www.glma.org/index.cfm?fuseaction=Page.ViewPage&PageID=939>

AMA: Creating an LGBTQ-friendly practice:

<https://www.ama-assn.org/delivering-care/population-care/creating-lgbtq-friendly-practice>

GLMA: Guidelines for Care of LGBT Patients:

[http://www.glma.org/\\_data/n\\_0001/resources/live/Welcoming%20Environment.pdf](http://www.glma.org/_data/n_0001/resources/live/Welcoming%20Environment.pdf)

OutCare: Public LGBTQ Healthcare Resources (organized by state):

<https://www.outcarehealth.org/resources/>

LGBTQ+ Provider Training and Education Resources

<https://fenwayhealth.org/the-fenway-institute/education/the-national-lgbtia-health-education-center/>

Recommendations for LGBTQ-inclusive Content in Medical School Curricula

<https://sites.tufts.edu/tuftsbqa/files/2016/04/BQA-Curriculum-Recs-2018.pdf>



# Open Forum Q&A

A few notes:

- ▶ This is a safe place to ask questions you might have related to LGBTQ+ care.
- ▶ There is no stupid question.
- ▶ The goal is to give you the tips and tools you need to provide the most competent care to your LGBTQ patients.
- ▶ I do not know what you know, what you do not know, or what you'd like to know more about. So...ask!
- ▶ If I do not know the answer immediately, I will find out from one of my colleagues and email a response.
- ▶ I also welcome people to share their experiences with LGBTQ+ patients (as I am not a clinician)



# Thank you!

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