Creating an LGBTQ+ Affirming Environment to Improve Patient Care

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BCM Family & Community Medicine Grand Rounds

November 9, 2021

Disclosure

- No conflicts. No disclosures

- I work in adult health care; no experience with children or adolescents

Learning Objectives

By the end of this presentation, learners will be able to –

1. Explain why an affirming environment is important for engaging LGBTQ+ patients in BCM FCM.

2. Identify 3-4 strategies for creating an LGBTQ+ affirming environment.

3. Find resources for additional information about LGBTQ+ health and affirming environments.

- **LGBTQ+** = Lesbian, Gay, Bisexual, Transgender, and Queer identities; '+' sign captures identities beyond LGBTQ; e.g., pansexual, asexual, nonbinary, and those who are still deciding

- <u>LGBQ</u> groups related by **sexual orientation**

- <u>Transgender and gender diverse</u> (TGD) people related by **gender identity**

- **Cisgender**

5.6% of American adults (18.6M) identify as LGBTQ

Gallup Poll, 2021

Why an Affirming Environment for LGBTQ+ People

- Historical and current stigma and discrimination creates an unwelcoming / biased healthcare environment.
  - Medical profession's historical participation in pathologizing homosexuality and gender diversity
  - Social stigma, judgement, discrimination (e.g., refusing care)
  - Cisgendering and heterosexualizing everyone
  - Lack of knowledge among physicians about LGBTQ+ health
  - Sexual and gender minority stress contributes to health disparities among LGBTQ+ people
    - As a group, LGBTQ+ people experience higher rates of several health conditions compared to non-LGBTQ+ people
    - Subgroup and ethnic minority differences

- An affirming environment is supportive, engaging, patient-centered.

Health Disparities among LGBTQ+ People

- Compared to non-LGBTQ people, generally higher rates of –

Depression (2x)	Suicidal ideation/attempts (2x)
Anxiety/stress	Problem drinking
Smoking	Exposure to violence
Heart disease/hypertension	Sexual assault in the military (Veterans)

Higher risks for bisexuals and ethnic minorities

Citations for this slide and next

Beckman, Shipherd, Simpson & Lehavot, 2018; Blosnich, Mays & Cochran, 2014; Boehmer, Bowen & Bauer, 2007; Brown & Jones, 2016; Daniel, Butkus for Health and Public Policy Committee of the ACP, 2015; Dardis, Shipherd & Iverson, 2017; Feldman & Meyer, 2007; Frost, Lehavot & Meyer, 2015; Institute of Medicine, 2011; James, Herman, Rankin, Keisling, Mottet & Anafi, 2016; Lehavot & Simpson, 2014; Lindsay et al., 2016; Lucas, Goldbach, Mamey, Kintzle & Castro, 2018; Lynch, Gatsby, Viernes, Schliep, Whitcomb, Alba, DuVall, & Blosnich, 2020; Makadon, Mayer, Goldhammer & Potter, 2007; Mattocks et al., 2013; Simoni, Smith, Oost, Lehavot & Fredriksen-Goldsen, 2017; Medley, Lipari, Bose, Cribb, Kroutil & McHenry, 2016; Valentine & Shipherd, 2018

Health Disparities among LGBTQ+ People

- Lesbian and bisexual women experience higher rates of childhood and adult sexual assault, obesity, problem drinking

- Gay and bisexual men experience higher rates of substance abuse, HIV, eating disorders

- Transgender and gender diverse people experience higher rates of homelessness, exposure to violence/PTSD, HIV

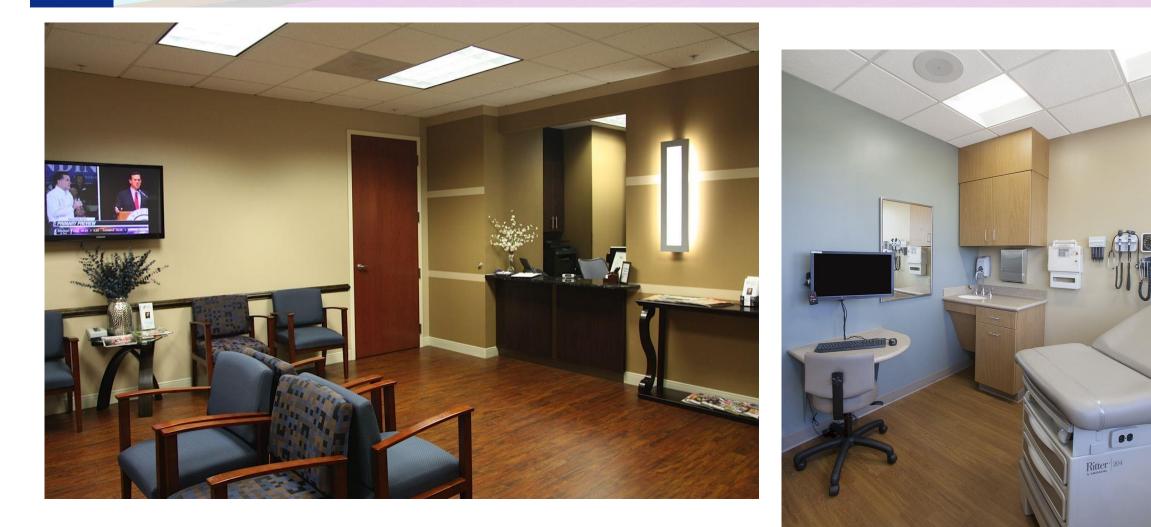# What Makes an Affirming Environment?

- What is in the space
    - ✓What patients see and what they perceive

- What staff and clinicians do
    - ✓Interactions with patients

- <u>Conduct an environmental scan in your clinic</u>: What would LGBTQ+ patients see or experience in the healthcare environment that would make them feel welcome and affirmed?

Obstacles in Creating an Affirming Environment

- Don't really think it's important
- Don't have permission/authority to do this; agency rules
- Somebody has to do it; not my job
- Change is hard; status quo is easy
- It takes time; effort; resources
- Not always clear what needs to be done; don't know what to do
- I might make a mistake

Setting the Stage for Affirming Strategies

- Most people want to do the right thing; not always easy to know what to do

- Words/actions communicate a message, intended or not

- <u>Choose your message</u>

- Strive to take affirming actions and use (gender) affirming language

- Language is ever-evolving and you will make mistakes; apologize and move on

Affirming Strategies: BCM Websites

Affirming Strategies: Healthcare Equality Index

- Participate in the Healthcare Equality Index (HEI) survey
  - Self-assessment of how responsive your agency is to the cultural and health needs of LGBTQ+ patients and employees
  - **Leader** or **Top Performer** status

Affirming Strategies: Behavior of Staff/Clinicians

- Training is for everyone!
  - Administrative staff give the first and last impression
- What you do and say (or don't say) matters; same for administrative staff

- **Ask** all patients about identity information: e.g., name used, gender identity, pronouns, sexual orientation identity
  - Identity information frames how to address the patient

- **Document** this information in the health record (visible to staff)

- **Conduct** appropriate follow-up based on population health risks and voiced concerns
  - Sexual orientation and gender identity frame how to assess health risks

Affirming Strategies: Preferred Name & Pronouns

- Collect this information on intake forms/screens, tablets/kiosks, at check-in, and during staff and clinician interactions with patient

- Avoid "gendering" the individual until they state their gender identity

  - ✓ <u>Preferred name</u> – *"What name do you go by? What name would you like me to use for you?"*

  - ✓ <u>Pronouns</u> – gender referents: masculine, feminine, gender neutral, some combination, neo-pronouns; <u>we all choose our pronouns</u> – *"What pronouns do you use? What pronouns should I use for you?"*

- Sharing pronouns makes it normative.
- Signal that **you** welcome gender diverse patients to BCM FCM when introducing yourself – give your preferred name and state your gender pronouns.

  o *"Hello, I'm Dr. Michael Kauth. Please call me Michael/Dr. Kauth. I use 'he/him/his' pronouns."*

  o *"The name I have listed for you is Sam Smith. What name would you like me to use? What pronouns do you use?"*

  o *"What name do you go by? What name and pronouns should I use in my notes?"*

Affirming Strategies: Pronouns

- If more explanation is needed –
  - *"Some people describe themselves as a man, woman, nonbinary, genderqueer. How do you describe your gender/yourself?"*

  - *"Pronouns refer to gender and how people view themselves: e.g., people with masculine identities often use 'he, his, him' pronouns. What pronouns do you use?"*

Affirming Strategies: Managing Mistakes

- When you accidentally misgender someone, sincerely apologize and move on:
  - *"I'm sorry. I said 'Mr.' when I should have said 'Ms.'."*
  - *"I'm sorry. I used the wrong name. I know you prefer to go by Samantha. That won't happen again."*

- Don't drag out the apology

Affirming Strategies: Birth Sex and Gender Identity

- **Birth Sex** – sex assigned at birth; usually based on visual inspection; sometimes functions as "sex for clinical use":
  - ❑Male
  - ❑Female
  - ❑Unknown/intersex

  Note: Both concepts are connected to health

- **Gender Identity** – person's deeply felt, inherent sense of being:
  - ❑Man/male
  - ❑Woman/female
  - ❑Transgender man
  - ❑Transgender woman
  - ❑ Non-binary
  - ❑ Another term _____
  - ❑ Prefer not to answer

Affirming Strategies: Birth Sex and Gender Identity

- Early in the session, I like to confirm gender identity
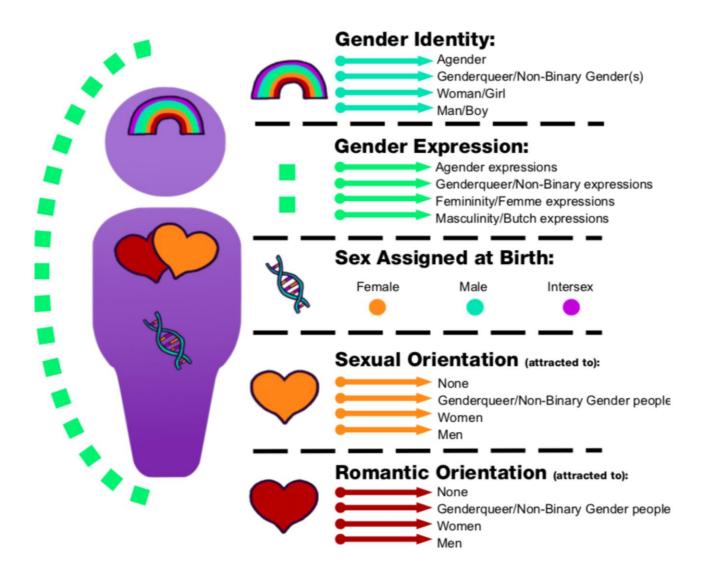 - *"I see in the health record that your sex assigned at birth is listed as 'male', but I don't see gender identity information. Do you think of yourself as 'male', 'female', 'transgender man', 'transgender woman', or is there another term that you use to describe yourself?"*

  - *"It's OK to choose not to answer at this time. We can come back to this later."*

Gender Bread Person

Gender Identity:

- Agender
- Genderqueer/Non-Binary Gender(s)
- Woman/Girl
- Man/Boy

Gender Expression:

- Agender expressions
- Genderqueer/Non-Binary expressions
- Femininity/Femme expressions
- Masculinity/Butch expressions

Sex Assigned at Birth:

Female   Male   Intersex

Sexual Orientation (attracted to):

- None
- Genderqueer/Non-Binary Gender people
- Women
- Men

Romantic Orientation (attracted to):

- None
- Genderqueer/Non-Binary Gender people
- Women
- Men

Image Source:

Based on a model by Trans Student Educational Resources (TSER). Revised by Arturo Agüero Vásquez and the GSC Education Program.
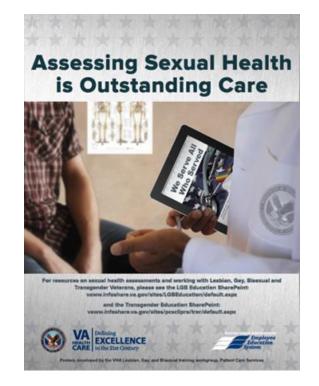
Gender and Sexuality Center
Serving Women and LGBTQA Communities

- Early in the session or during sexual health assessment, I ask about sexual orientation identity
    - *"Sexual orientation is also connected to health in several ways. Nearly everyone is sexually active in their lifetime, and everyone has a sexual orientation. So let me ask – Do you think of yourself as 'lesbian/gay', 'bisexual', 'straight or heterosexual', 'queer', or is there another term that you use to describe yourself?"*

    - *"It's OK to choose not to answer at this time. We can come back to this later."*

- Normalize the sexual health assessment

- Elements of a brief history of sexual health

  The Six P's (CDC/WHO):

  1. Partners (gender, #)
  2. Practices (sexual behaviors)
  3. Past history of STIs
  4. Protection from STIs (condoms, PrEP)
  5. Pregnancy prevention / planning
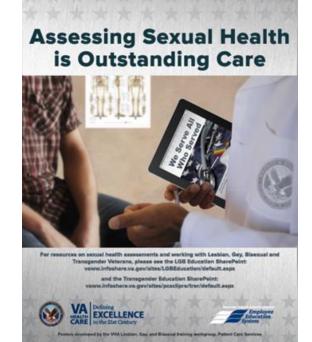 6. *Pleasure (satisfaction, pain, coercion)*

Assessing Sexual Health is Outstanding Care

We Serve All Who Served

For resources on sexual health assessments and working with Lesbian, Gay, Bisexual and Transgender Veterans, please see the LGB Education SharePoint: vaww.infoshare.va.gov/sites/LGBEducation/default.aspx

and the Transgender Education SharePoint: vaww.infoshare.va.gov/sites/pcsclpro/trer/default.aspx

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

Posters developed by the VHA Lesbian, Gay, and Bisexual training workgroup, Patient Care Services

Note: Doesn't need to be completed in one visit

- Most common problems: lack of desire, decreased sexual frequency, difficulty getting/ maintaining an erection, difficulty reaching orgasm

- If something new or unusual, document the problem, how long it has gone on, level of patient's distress, and patient goals

- Read up; consult with someone more experienced

- Refer if necessary

Resources

- BCM Office of Diversity, Equity & Inclusion and DEI Council
- VHA trainings on LGBTQ Veterans via VHA TRAIN (free public health platform)
- VHA LGBTQ+ Health Program Fact Sheets, etc.: VHA LGBTQ Health
- CDC: LGBT Health and Sexual Health
- Montrose Center, Houston, TX
- Legacy Community Health Center, Houston, TX
- Fenway Health Institute, National LGBT Health Education Center
- Wherever you go for expert help/consultation