



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



Effective Communication with LGBT People: Interactive Case Scenarios

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The Fenway Institute

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated primary care model, including HIV services and transgender health

The Fenway Institute

- Research, Education, Policy



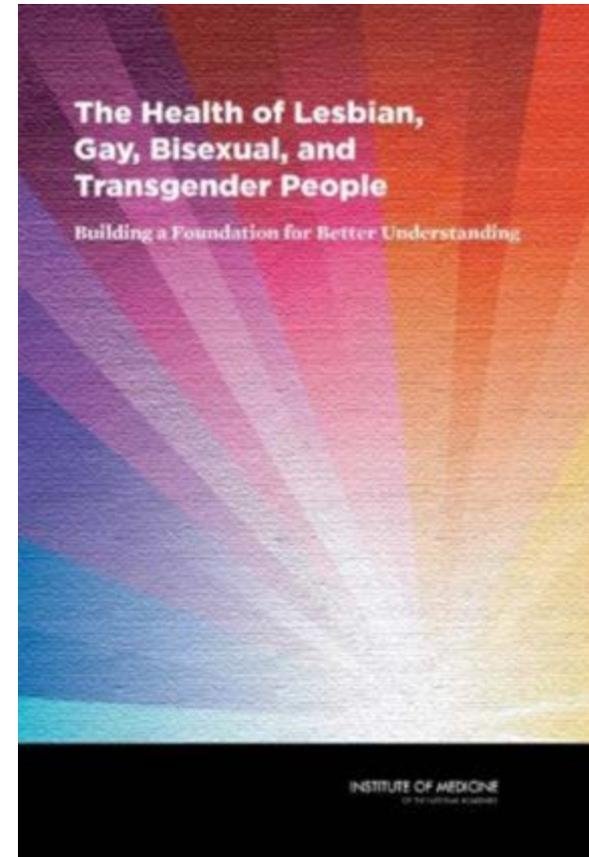
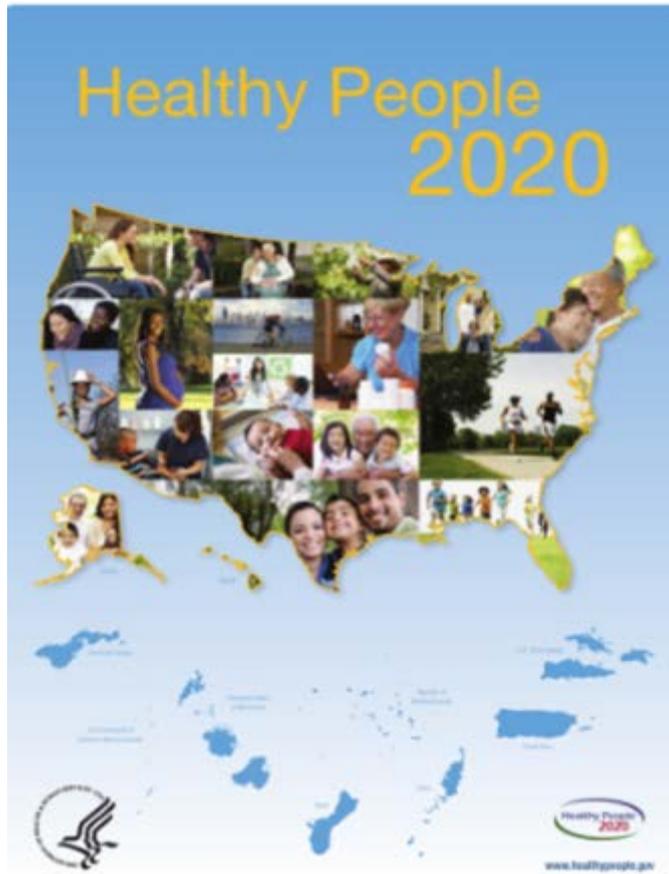
LGBT Education and Training

The National LGBT Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.

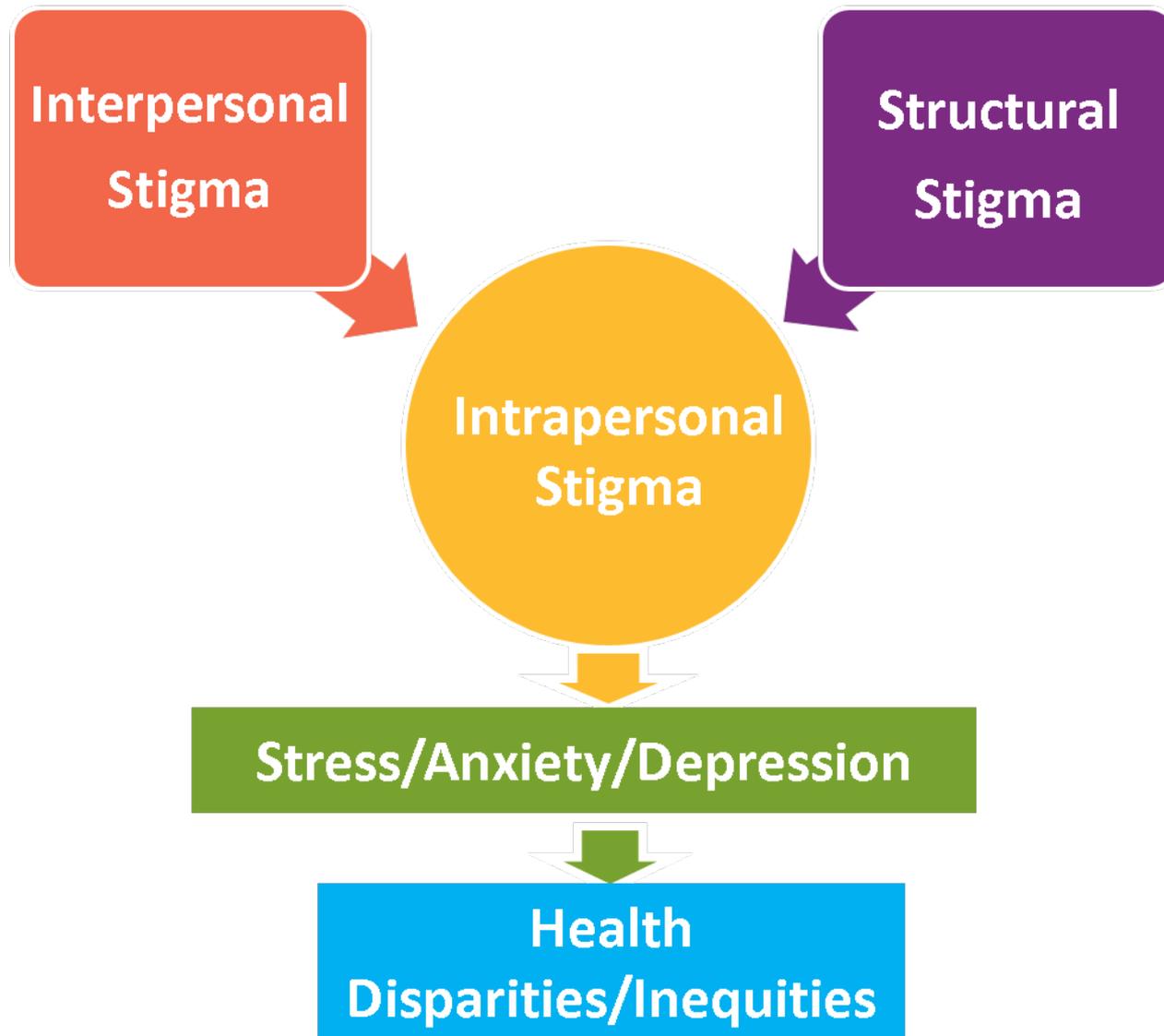
- Training and Technical Assistance
- Grand Rounds
- On Line Learning
 - Webinars and Learning Modules
 - CE, and HEI Credit
- Resources and Publications



Why Programs for LGBT People



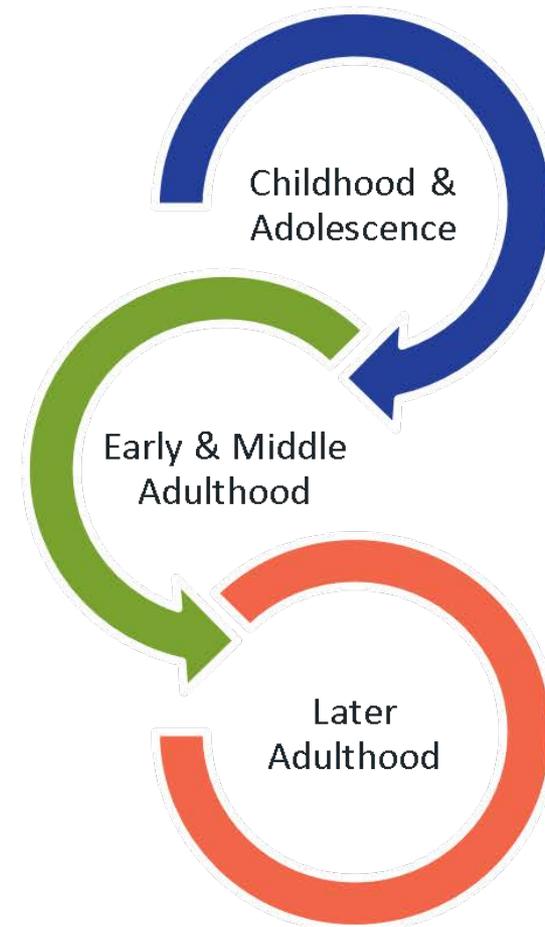
Stigma, Discrimination and Health



Effects of Stigma on Health

- Internalized homophobia, experiencing discrimination, and expectations of rejection, were associated with HIV risk behavior (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008)
- Enacted and anticipated stigma resulted in approximately a 40% increase in delaying needed urgent and preventive care in a sample of 2,578 FTM transmasculine people. Reisner et. al. 2015

Health Issues Throughout the Life Course



LGBT Disparities: Healthy People 2020

- LGBT youth
 - 2 to 3 times more likely to attempt suicide.
 - More likely to be homeless (20-40% are LGBT)
 - Risk of HIV, STD's
- MSM are at higher risk of HIV/STDs, especially among communities of color
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use
- Lesbians are less likely to get preventive services for cancer

LGBT Disparities: Healthy People 2020

- Transgender individuals experience a high prevalence of HIV/STDs, victimization, mental health issues, and suicide
 - They are also less likely to have health insurance than heterosexual or LGB individuals
- Elderly LGBT individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services

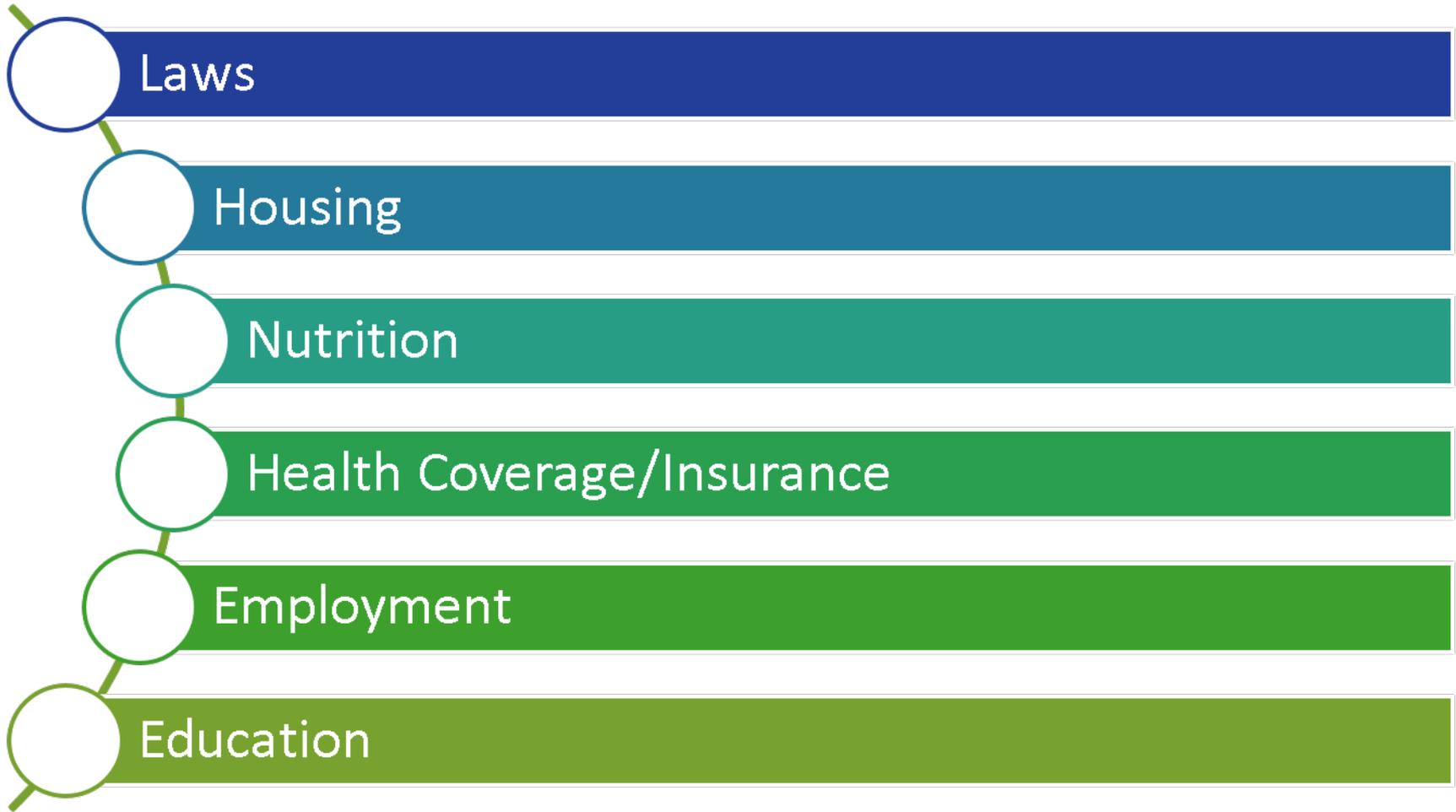
Interpersonal Stigma



Structural Stigma

- Rather than focusing on the individual, concepts of structural stigma broaden our understanding.
- Structural, or institutional, discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of certain people.
- It also includes major institutions' policies that are not intended to discriminate but whose consequences nevertheless hinder the options of these people.

Structural Stigma and Health



LGBT People May Be Invisible but Experience Stigma



Intrapersonal Stigma:

“...And to the degree that the individual maintains a show before others that he himself does not believe, he can come to experience a special kind of alienation from self and a special kind of wariness of others.”

“The Presentation of Self in Everyday Life” Goffman.

Goffman, *The Presentation of Self in Everyday Life*, 1959 (25)

Case Scenarios

Introduction

- A case scenario is an educational tool to promote learning through facilitated discussion with peers.
- Case scenarios can be used to discuss appropriate responses to a situation, to try different approaches to solve a problem, and to consider how problems could be prevented.
- Several of the scenarios will require you to imagine yourself in someone else's role (for example, as a nurse, case manager, front desk clerk, etc.). However, you do not need to have this role in order to participate in the discussion.
- All of the scenarios are designed to help increase understanding and build empathy, no matter the role of the participant.

Janice and Tonya

Same-sex Couple

Janice and Tonya

- A new patient, Janice, and her baby present for immunizations.
- Janice's wife Tonya is with them. Pointing to Tonya, the medical assistant asks, "Oh, did you bring your sister? How nice!"
- Later, the medical assistant overhears Tonya saying, "Maybe we should go someplace else for care."



Janice and Tonya

- *How might Janice and Tonya feel about the medical assistant's comment?*

- *What could the medical assistant have said instead?*

What's in a Word?



Population Health: Ending LGBT Invisibility in Health Care

- Has a clinician ever asked you about your history of sexual health, your sexual orientation or your gender identity?
- How often do you talk with your patients about their sexual history, sexual orientation, or gender identity?



Avoiding Assumptions

- Listen to how people describe their own identities and partners--use the same terms, if comfortable.
- Each individual is unique: If you know one LGBT person, you only know one LGBT person.

Marcus

HIV/STD Screening

Marcus



- In talking about his history, Marcus told Amy, his nurse, 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.
- Amy says, “Many of my gay male patients get tested at least once a year.”
- After Amy says this, Marcus appears upset.

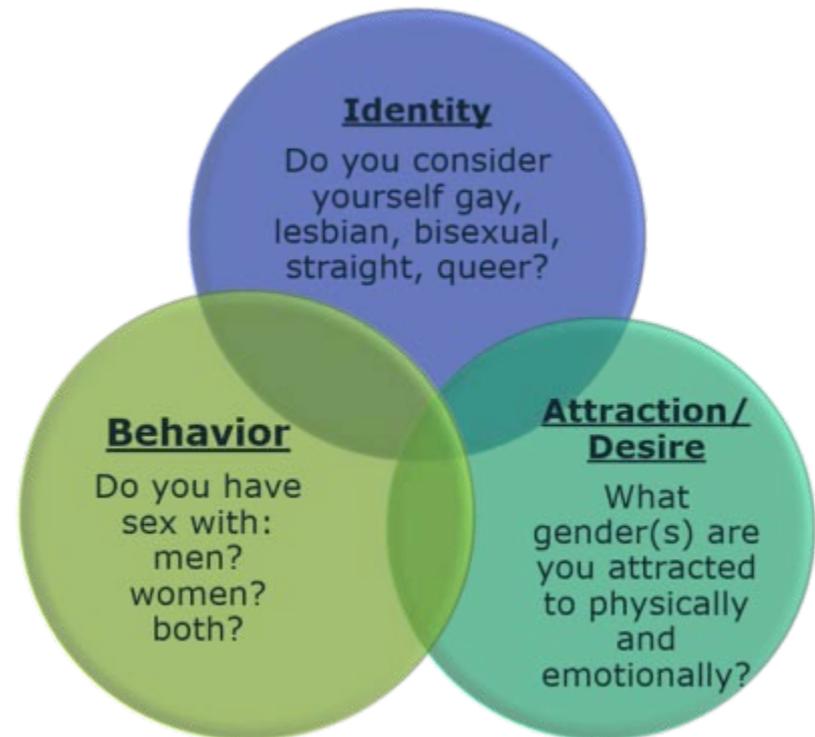
Marcus

- *Why might Marcus be upset?*
- *How could this situation have been avoided?*

Sexual Orientation

- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Desire
- Behavior:
 - Men who have sex with men-MSM (MSMW)
 - Women who have sex with women-WSW (WSWM)
- Identity:
 - Straight, gay, lesbian, bisexual, queer--other

Dimensions of Sexual Orientation:



Taking a History of Sexual Health



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

New Edition: August 2014

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 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 may already have been covered during the first three screening questions (see page 6) 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 year?

Additional 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?
- Have you ever experienced physical, sexual, or emotional violence from someone you were involved with?

PRACTICES AND PROTECTION FROM STDs

Some patients respond better to open-ended questions about their sexual practices, and some prefer

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/>

Patients have different priorities and experiences



Setting the Context: Making Patients Comfortable

- *“I am going to ask you a few questions about your sexual health and sexual practices. I understand these are very personal, but also important for your overall health.”*
- *“I ask these questions of all my adult patients. Like the rest of our visit, everything we discuss is confidential.”*
- *“Do you have any questions?”*

Chris

New Patient Registration

Chris

- A new patient, Chris, completes 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 any of the options (male or female) and left it blank on purpose.”



Chris

- *How can Mike work with this patient to be respectful?*

- *What are ways in which this scenario could be avoided?*

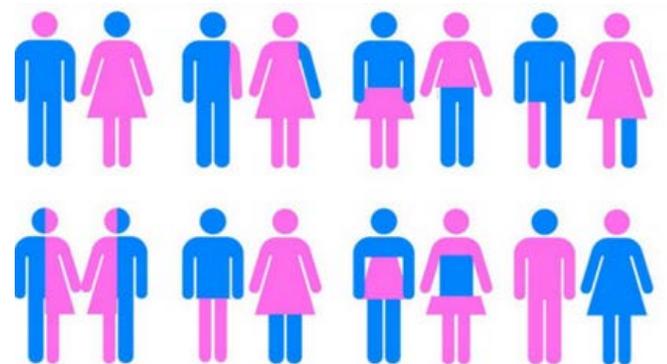
Sexual Orientation and Gender Identity are Not the Same

- All people have a sexual orientation and gender identity
 - How people identify can change
 - Terminology varies
- Gender Identity \neq Sexual Orientation



Gender Identity and Gender Expression

- Gender identity
 - A person's internal sense of their gender (do I consider myself male, female, both, neither?)
 - All people have a gender identity
- Gender expression
 - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
 - May be on a spectrum



WHAT PEOPLE
ASSUME GENDER IS



WHAT GENDER
ACTUALLY IS



16

John

Family Relationships

John



- Stella, a case manager, is meeting a new patient, an older gentleman named John.
- Stella asks John who will be his Emergency Contact.
- John remains silent for a bit, appearing to be unsure of who he would want to list. He eventually gives a name, and Stella asks what John's relationship is to this contact.
- John says, "Well, I guess you could say that he is my close friend."
- Stella is surprised that he would choose a friend and asks John if he has any family he could include instead.
- John is visibly uncomfortable as he sits through the rest of the registration process.

John

- *Why might John have named a friend instead of family?*

- *How could Stella have responded in a more respectful manner?*

LGBT Older Adults

- LGBT elders experience stigma and discrimination across the life course and may experience violence at higher rates than elders in the general population
- LGBT elders may have less social support and experience more isolation than elders in the general population



Miles

Preventative Screening with Transgender People

Miles

- A provider asks Gladys, the medical assistant, to help her get ready for a Pap smear on her next patient, who is already in the examination room.
- Gladys glances at the chart and notices that the name on the chart is “Mary Smith.”
- When Gladys enters the room, she sees a man sitting on the examination table.
- He says, “Hi, I’m Miles.”



Miles

- *How can Gladys politely determine if she is in the correct room and that the patient is here for a Pap smear?*
- *What is the best way to convey transgender patients' preferred names to all staff involved in their care?*
- *If Miles is a transgender man, why does he need a Pap smear?*

Transgender Men and Cervical Cancer Screening

- The majority of transgender men do not undergo complete gender affirmation 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

Resources



- Brochure on cervical cancer screening in transgender men
- Find it online in the Patient Handouts section:

<http://www.lgbthealtheducation.org/publications>

Maxine

Transgender Patient at the Registration Desk

Maxine



- Maxine walks up to the registration desk to check in for her appointment and introduces herself.
- The medical assistant sees that the name the appointment is under is “Paul,” not Maxine.
- Despite her introduction, the MA refers to Maxine as “he” when letting the provider know that Maxine had arrived on time.

Maxine

- *How might Maxine react to this conversation?*
- *How could appropriate use of forms and systems help prevent this situation?*
- *How can this change ensure that this won't happen again with other staff members?*

Preferred Name and Pronouns

- It is important to use the patient's preferred name and pronouns when talking about a patient.
 - For example, most transgender women want you to say "she" or "her" when talking about them. Trans men generally prefer "he" or "his."
 - Some people may use words or pronouns that are unfamiliar to you. Pronouns such as "zie" or "they" are sometimes used by people who do not want to identify with the gender binary of he/she.

Pronouns

Subjective	Objective	Possessive Adjective	Possessive Pronoun	Reflexive
She	Her	Her	Hers	Herself
He	Him	His	His	Himself
They	Them	Their	Theirs	Themselves
Ze	Zim	Zir	Zirs	Zirself
Sie/Zie	Hir	Hir	Hirs	Hirself

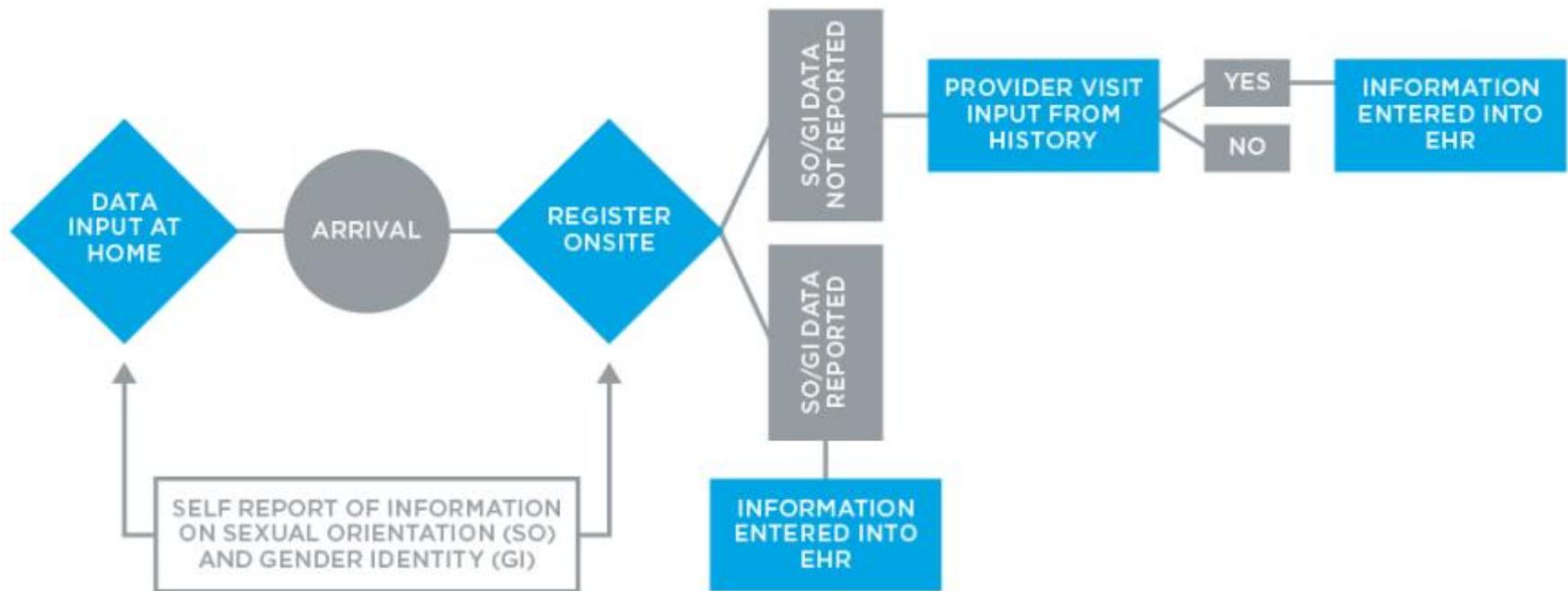
Putting What You Learn into Practice....

- If you are unsure about a patient's preferred name or pronoun
 - *"I would like be respectful—what name and pronoun would you like me to use?"*
- If you accidentally use the wrong term or pronoun
 - *"I'm sorry. I didn't mean to be disrespectful."*
- 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?"*

Enter the Electronic Health Record



Gathering LGBT Data During the Process of Care



Collecting Demographic Data on Sexual Orientation (Example)

<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 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)?



Community Engagement and Involvement



Our Challenge:

Quality Care for All, Including LGBT People

Data Collection

Clinical Education

Consumer Education

Patient Centered Care

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

Fenway
GUIDE TO
LESBIAN, GAY,
BISEXUAL, AND
TRANSGENDER
HEALTH
2nd Edition
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