

# **Caring for Lesbians and Bisexual women:**



**A HEALTH CARE  
ADMINISTRATOR  
TRAINING**

# OBJECTIVES

1. Increase cultural competency about lesbians and bisexual women with a goal of improving access and health outcomes
2. Increase the Institutional competency in the care of lesbians and bisexual women

## New laws addressing health care, business in LGBT community take effect

By Brendan P. Bartholomew

Health care providers across the state will be required to receive expanded training to better understand and accommodate the needs of LGBT individuals under a new bill that has become law.

Authored by state Assemblyman Richard Gordon, D-Menlo Park, Assembly Bill 496 requires health care providers to include LGBT-specific issues in the cultural competency training their workers receive. Gov. Jerry Brown recently signed the bill into law, along with another piece of legislation authored by Gordon, Assembly Bill 1678, which requires public utilities to implement a program that encourages soliciting bids from LGBT-owned businesses when purchasing goods or services.

AB 496 aims to address inequities in medical treatment for LGBT patients due to a lack of provider understanding of certain issues affecting the community.

### RELATED STORIES

**County's first LGBTQ commission begins service**

By Emilie Mutert

**Health Commission approves SF's first systemwide sexual orientation policy**

By Laura Dudnick

# KEY TERMS

- **Sexual Orientation:** Describes an individual's emotional, physical, and/or romantic attraction to another person.
  - ▶ Gay or Lesbian: Enduring emotional, romantic, and/or sexual attraction to individuals of one's own gender
  - ▶ Bisexual: Sexual, emotional, and/ or romantic attraction or behavior directed towards some members of more than one sex
- **Gender Identity:** A person's deeply held internal sense of being male or female or somewhere else on or outside the gender spectrum.
- **Sexual behavior:** who one is intimate with - may not be congruent with sexual orientation or gender identity

# KEY TERMS

- **Gender Expression:** refers to all of a person's external characteristics and behaviors that represent or express one's gender identity to others.
  - ▶ e.g.: name (including preferred pronouns), clothing, grooming, mannerisms, speech patterns and social interactions
- **Sex Assigned at Birth:** The classification people are given at birth, usually based on their genitals.

# KEY TERMS

- **Cisgender:** A term used to describe people whose gender identity aligns with the sex assigned to them at birth.
- **Transgender:** An umbrella term that can be used to describe people whose gender expression is non-conforming and/or whose gender identity is different from their birth-assigned sex.

# DEFINING LGBT

- LGBTQ – Lesbian, Gay, Bisexual, Transgender, Queer
- Women may identify as L, G, B, T, Q, straight, other, or none of the above
  
- Women may....
  - ▶ Not want to be labeled
  - ▶ Use other terms
  - ▶ Be Questioning
  - ▶ Fear disclosure

# WHO ARE LESBIAN'S AND BISEXUAL WOMEN

Part of any population:

- All racial/ethnic groups, all socio economic statuses, religions, education levels, physical abilities, professions, ages, housing status & types of appearance
- Women whose emotional, romantic, sexual, or affectionate interest is not exclusively with men

# POPULATION ESTIMATES

- National Health Interview Survey (2013/14)
  - ▶ 1.3% of adult women in the US self identified as lesbian/gay
  - ▶ 5.5% of adult women in the US self identified as bisexual

# BEHAVIOR MAY NOT MATCH IDENTITY

- Ask about behavior in addition to relationship status & identity
- Do not assume parameters of sexual behavior based on knowledge of relationship status & identity
- Women who identify as lesbian or bisexual may have had sex with a man recently – but questions should be asked in a very sensitive manner.

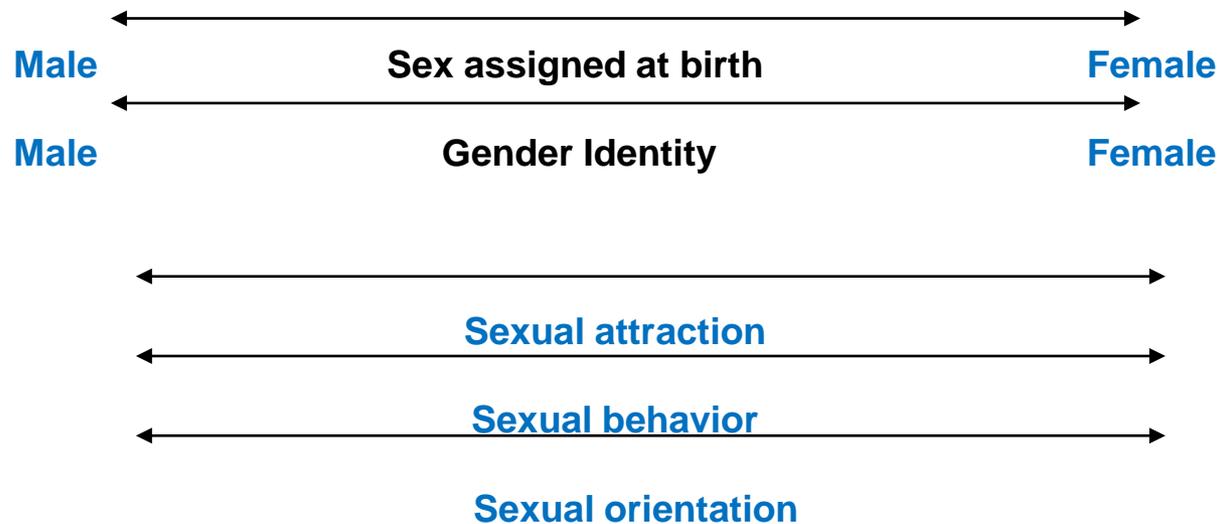
# SEXUAL BEHAVIOR

- **Females who had same-sex sexual partner in the past year**
  - ▶ 11.7%
- **Females (15-44) who had same-sex sexual partner in lifetime**
  - ▶ 17.4%

**2011 National Survey of Family Growth**

# SEX, GENDER, & ORIENTATION

## Sex, Gender, & Orientation Continuum



# HEALTH ISSUES OVERVIEW

- Mental health (depression, suicide, anxiety)
- Substance use
- Obesity
- Cancer screening (breast, cervical)
- Parenting
- STIs
- Heart Disease
- Health care access
- Health care utilization
- Preventative care
- Aging
- Violence

“For the most part, lesbians and bisexual women face the same health issues as heterosexual women, but they often have difficulty accessing appropriate care”

**Lesbians & bisexual women need all age-appropriate screenings and primary care**

Source: Sally Mravcak, MD, “Primary Care for Lesbians and Bisexual Women” July 2006

# LGBT DISCRIMINATION

LGBT people experience many forms of discrimination in healthcare because of:

- Sexual orientation
- Gender identity
  
- 56% of lesbian, gay & bisexual respondents experienced discrimination in healthcare
  
- 70% of transgender respondents experienced discrimination in healthcare

# LGBT DISCRIMINATION

## **Lesbians & bisexual women are less likely to:**

- Use preventive health services as frequently as heterosexual women
- Less likely to present for healthcare at times when needed
- Have seen a medical provider in the previous 12 months
- Have a usual source of health care

# BEFORE A LGBT WOMAN WALKS THROUGH THE DOOR...

She may:

- Feel hypersensitive to judgment – due to prior negative experiences
- Assume awkwardness
- Assume lack of understanding by the health care provider(s)
- Assume disapproval of their sexual orientation and/or behavior

Source: Sue LaVaccare, M.A. and Allison Diamant, M.D.

# SOME POSSIBLE HEALTH CARE PROVIDER ASSUMPTIONS

- Only having sex with men
- Has a boyfriend or husband
- Attracted to men only
- Use of OCPs implies sex with men
- Sexual activity with women is a phase/not taken seriously
- Something is wrong
- No need to practice safer sex
- No plans to have children

Source: Focus Group Data, Sue LaVaccare, M.A and Allison Diamant, M.D.

# POTENTIAL BARRIERS TO HEALTH CARE UTILIZATION

## Patient Disclosure:

- Don't feel safe to disclose their sexual or romantic attractions to their practitioner & ancillary staff – prior negative experiences, embarrassment, culturally unacceptable
- Concern about negative reaction
- Concern it will impact treatment negatively
- Concern regarding confidentiality
- Lack of privacy
  - Are there other patients or staff within hearing distance?
  - Will information be available to insurance or employer?

# BARRIERS LEAD TO:

- Medical conditions going undiagnosed
  - ▶ Less likely to receive preventative screenings
- Reduced adherence to prescribed treatment
- More likely to forego needed medical treatment
- Lower patient retention
- Missed opportunities for patient education

Source: Sue LaVaccare

# LACK OF RESEARCH/TRAINING

May cause providers to:

- Avoid asking questions about orientation/identity/behavior
  - Make assumptions
  - Be overwhelmed because of lack of data
  - Not know appropriate screening
  - Not know appropriate health history questions
  - Feel frustrated with no clear answer
- 
- **LGBT women may have misconceptions about their own health risks**

Source: Sue LaVaccare, M.A. and Allison Diamant M.D.

# LBWHC FOCUS GROUP STUDY 2012

- Five focus groups (n=35), conducted in 2012
- **Inclusion criteria:**
  - 25 or older
  - Resident of Los Angeles County
  - Self-identification as a lesbian or bisexual woman:
    - African-American
    - Latina
    - Asian-American or Pacific Islander
    - Veteran
    - Age 65 and older

# FOCUS GROUP TAKEAWAYS

Women of Color described apprehension:

- About discussing certain aspects of their medical history with a provider from the same ethnic/racial group
- In disclosing their sexual orientation

# LBWHC FOCUS GROUP STUDY 2012

- “I had an assumption with my OB-GYN since she was Korean, so I was kind of hesitant because everyone in the Korean community knows each other and she’s been in the career for 30 years and so there is a possible chance she knows my mom.”
- “...I switched providers because my primary care provider was Korean and even though she’s second generation and totally acclimated and everything, I felt like I couldn’t ‘come out.’”

# LBWHC FOCUS GROUP STUDY 2012

- “I think that coming from the Latina community where it’s still very much looked down upon to be gay, and you’re kind of a first-generation lesbian, in most cases you really have to seek out medical services.”
- “There’s already this discomfort in looking for and accessing services that are LGBT sensitive.”

# FOCUS GROUP: HEALTH DIRECTIVES & VISITATION

- The need for advance health care directives was mentioned frequently among the 65+ group as a source of legal protection for emergencies
- Participants recalled negative situations when visiting their partners in hospital settings such as being refused visitations or excluded from decision-making plans.

# FOCUS GROUP: HEALTH DIRECTIVES & VISITATION

- “When [my partner] went to the hospital, I heard over and over again, ‘and who are you?’ and I had an advance directive... I think it wasn’t until the Rabbi came to marry us in the ICU that they caught [on and said] ‘oh, now we understand.’ ”
- “...you know I’ve been kicked out of places .....or being told ‘stand back there, you’re not related.’ ”
- “I had a lawyer tell me certain things like, always take that directive with you, keep a copy in your car.”

# BEST PRACTICES: WELCOMING ENVIRONMENT

- Non-discrimination & confidentiality policies posted
  - ▶ Waiting room, exam rooms and on website
- Display symbols & images that exhibit support for all LGBT people
  - ▶ In the exam rooms, waiting area and on website
- Have brochures and magazines inclusive of LGBT people
  - ▶ Exam rooms and waiting area
- Have bathrooms that all people can use: non-gender specific
- Welcome greeting by staff at the front desk with a smile
- Conduct patient satisfaction surveys that include LGBT specific questions

Source: National LGBT Health Education Center 2015.



**Our health care  
providers value all  
patients who need our  
services**



**Proudly serving youth of every  
race, sexual orientation, class,  
physical ability, religion, gender  
identity, physical appearance,  
and education level**

Source: Children's Hospital Los Angeles Division of Adolescent Medicine, 2012.



# FOCUS GROUP: MAKING THE OFFICE MORE WELCOMING

- “I like the introduction of ‘Is your partner male or female?’ as a question on the form. That sets the tone from the very beginning ... then the provider can steer their questions that are inclusive to having a female or male partner.”
- “I like the idea of the provider inquiring about sexual orientation or it being a question on the form because it helps normalize the experience for everybody, whether you or they are comfortable or not, it helps break the stigma. I think it is the best way, because I do not know how to bring it up myself.”

# DHHS REQUIREMENTS

- Meaningful Use:
  - ▶ Improve quality, safety, efficiency, and reduce health disparities
  - ▶ Engage patients and their families in health care and care
  - ▶ Improve care coordination
  - ▶ Maintain privacy and security

Source: Center for Medicare Services (CMS) and The Office of the National Coordinator of Health Information Technology (ONC), 2010

- Require all EHR systems certified under Stage 3 of Meaningful Use to allow users to record, change, and access structured data on sexual orientation and gender identity (SOGI)
- Adds SOGI data to the 2015 Edition Base EHR definition, which is a part of the definition of Certified EHR Technology (CEHRT)

Source: The Fenway Institute, Policy Issues, 2015

# Office of the National Coordinator of Health Information Technology Requirements

- The ONC rule adopts recommendations relating to replacing outdated and offensive terminology in the code sets relating to SOGI
- ONC endorses tested SOGI questions as “best practice” questions
- Recommend health care providers and institutions to consider adopting for their electronic SOGI data collection efforts
- New requirements are slated to take effect in 2018

# EHR, FORMS & MATERIALS

Use patient intake forms and EHR that have inclusive language about:

- Sexual orientation
  - Sexual activity
  - Relationship status
  - Gender identity
  - Sex assigned at birth
- 
- Educational materials have inclusive images & language of all ages, genders, race, education levels & sexual orientations

# ELECTRONIC HEALTH RECORD

Most clinical records systems do not support the collection of structured Sexual Orientation & Gender Identity (SOGI) data

## **Demographics Section:**

- Preferred Name
- Legal Name
- Preferred Pronoun
- Gender Identity
- Sex Assigned at Birth
- Legal Gender
- Name & Gender on Health Insurance

# ELECTRONIC HEALTH RECORD

- Modify EHR Banner to include preferred name **and increase the font size of preferred name** so it pops up every time record is accessed.
  
- Set up EHR so that **preferred name** is added to other documents:
  - Internal labels
  - Patient Registration forms
  - Chart Summary
  - Prescriptions

# PATIENT INTAKE

## 1. What is your current gender identity? (Check ALL that apply)

- Male
- Female
- Female-to-male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional category (please specify): \_\_\_\_\_
- Decline to answer

# PATIENT INTAKE

**2. What sex were you assigned at birth on your original birth certificate? (Check one)**

Male  Female  Don't know  Decline to answer

**3. What is your Preferred gender pronoun?**

He/Him  She/Her  Something else - Specify: \_\_\_\_\_

**4. What is your preferred name?**

**5. What is your Legal Name?**

# PATIENT INTAKE

**6. With regard to your sexual orientation, do you think of yourself as:**

- Heterosexual/Straight
- Gay
- Lesbian
- Bisexual
- I don't understand question
- I don't know
- Something Else \_\_\_\_\_
- I prefer not to answer

# PATIENT INTAKE

**7. Please select the genders of your sexual partners ever in your lifetime:**

- Female
- Male
- Trans Man
- Trans Woman
- I don't understand question
- I prefer not to answer
- Other: \_\_\_\_\_

# PATIENT INTAKE

**8. Please select the genders of your sexual partners in the past year:**

- Female
- Male
- Trans Man
- Trans Woman
- I don't understand question
- I prefer not to answer
- Other: \_\_\_\_\_

# DATA COLLECTION

Any surveys conducted can be stratified by:

- Sexual behavior
- Sexual orientation/attraction
- Sexual identity
- Gender identity
- Sex assigned at birth

National Institutes of Health recommends:

- Increased demographic data on LGBT individuals
- Standardized sexual orientation/gender identity measures
- Improved research methods for conducting LGBT health research

# PATIENT NONDISCRIMINATION AND VISITATION POLICY

2011 – Hospitals are required by the **Medicare Conditions of Participation & The Joint Commission** to explain to all patients:

- Their right to choose who may visit them during an inpatient stay
- Regardless of whether the visitor is a family member, spouse, domestic partner, or another type of visitor
- Hospitals may not deny visitation based on sexual orientation or gender identity or expression
- Hospitals must give deference to the patient's wishes concerning their representatives.

# ENSURING COMPLIANCE WITH MEDICARE

## Ensuring Compliance with Requirements Revised Medicare Conditions of Participation:

Hospitals participating in the Medicare Program *must*:

- Adopt written policies & procedures concerning patients' visitation rights, including any clinically reasonable and necessary restrictions or limitations on visitation
- Provide notice to patients or their support persons (where appropriate) of their visitation rights
- Including the right to receive visitors designated by the patient

# ENSURING COMPLIANCE WITH MEDICARE

- Not restrict, limit, or deny visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability
- Ensure that all visitors enjoy full and equal visitation privileges consistent with the patient's preferences
- Respect the rights of a same-sex partner as a patient representative to make decisions on behalf of his or her partner with respect to visitation if the patient is incapacitated

# ENSURING COMPLIANCE WITH MEDICARE

- Documentation to establish representative rights in order to exercise the patient's visitation rights should be required only in the limited circumstances when two or more individuals claim to be an incapacitated individuals' support person
- Inform patient representatives of their rights to serve as the support person for an incapacitated same-sex partner

# REVISED JOINT COMMISSION STANDARDS

- Allow for the presence of a support individual of the patient's choice unless the individual's presence infringes on others' rights, safety, or is medically contraindicated
- The support person may or may not be the patient's surrogate decision-maker or legally authorized representative
- **Prohibit discrimination** based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression

# OPTIMAL IMPLEMENTATION

## Core Four

1. Patient Non Discrimination
2. Employee Non Discrimination
3. Equal Visitation
4. Training in LGBT Patient-Centered Care

It is an ethical responsibility to serve all patients who present with needs and all employees who wish to work for the hospital, health clinic or health practice

# RECOMMENDED IMPLEMENTATION

Policy is communicated to patients and employees via at least two of the following methods:

- Posted on facility website/facility intranet
- In materials given to patients at admitting/registration, materials routinely given to employees at orientation
- In materials given to patients at other time(s)
- In materials available for take-away in patient waiting areas
- Posted in patient waiting area(s), employee work areas
- **Reviewed in in-person and/or on-line employee training**

# PUBLIC HEALTH

## **Public Health Departments (Federal, State & Local):**

- Develop policies & programs specific to LGBT populations
- Include LGBT data and disparities in reports
- Add SOGI Data collection to all surveys and reports
- Disseminate best practices
- Include LGBT Women in public prevention messaging
- Suggest LGBT inclusion as part of your work on any sponsored task force, consortium & work group

# ADMINISTRATOR CHECKLIST

- Integrate unique LGBT patient needs into new policies or modify existing policies
- Develop or adopt a nondiscrimination policy that protects patients from discrimination based on personal characteristics, including sexual orientation and gender identity or expression
- Develop or adopt a policy ensuring equal visitation
- Develop or adopt a policy identifying the patients' right to identify a support person of their choice

# ADMINISTRATOR CHECKLIST

- Integrate and incorporate a broad definition of family into new and existing policies
- Monitor organizational efforts to provide more culturally competent and patient- and family-centered care to LGBT patients, families, and communities
- Develop clear mechanisms for reporting discrimination or disrespectful treatment
- Develop disciplinary processes that address intimidating, disrespectful, or discriminatory behavior toward LGBT patients or staff

# ADMINISTRATOR CHECKLIST

- Identify an individual directly accountable to leadership for overseeing organizational efforts
- Appoint a high-level advisory group to assess the climate for LGBT patients and make recommendations for improvement
- Identify and support staff or physician champions who have special expertise or experience with LGBT issues
- Appoint a Patient Advocacy Panel
- Measure results with Patient Satisfaction Surveys and Patient Evaluation

What are **two things** that you will do differently when you go back to work?

# YOU CAN MAKE AN IMPACT!



Small changes go a long way !

You, as a Health Care Administrator, can play an important role in promoting healthy behavior in women!

# RESOURCES

## **The Joint Commission**

- Revisiting Your Hospital's Visitation Policy ([Inclusive Visitation Requirements](#))
- Advancing Effective Communication LGBT Field Guide ([2011 LGBT Field Guide](#))

## **National LGBT Health Education Center - The Fenway Institute**

- LGBT Health Education Center ([Website Homepage](#))
- A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings (<http://doaskdotell.org>)

## **Institute of Medicine**

- Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records ([2012 IOM Report: Collecting SOGI Data in HER](#))
- The Health of Lesbian, Gay, Bisexual, and Transgender People ([IOM 2011 Report](#))

## **Human Rights Campaign - Healthcare Equality Index (HEI)**

- Publicizing Patient Non-discrimination and Equal Visitation Policies ([Nondiscrimination Policies](#))
- Equal Visitation Policies ([HEI Equal Visitation](#))
- Employment Non-discrimination ([HEI employment non-discrimination](#))
- Training in LGBT Patient-Centered Care ([HEI Training](#))
- Core Four Resources for VHA Facilities ([HEI Core Four](#))
- 2016 Healthcare Equality Index Resource Guide ([HRC Resource Guide](#))

# The Los Angeles County Lesbian and Bisexual Women's Health Collaborative (LBWHC)

- Created in 2009 to address health disparities for lesbian and bisexual women in Los Angeles County.
- City Council of the City of West Hollywood approved funding for LBWHC in 2015 to develop and conduct trainings
- Members represent health care facilities, government agencies, community organizations, and academic institutions.

# CONTACT INFORMATION

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