

Caring for Lesbians And Bisexual Women:



A HEALTH CARE PROVIDER TRAINING

INTRODUCTION

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 healthcare providers, health care facilities, government agencies, community organizations, and academic institutions.

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OBJECTIVES

- 1. Increase cultural competency about lesbians and bisexual women**
- 2. Increase knowledge of effective communication techniques**
- 3. Increase confidence in taking an accurate sexual health history with lesbians and bisexual women**

KEY TERMS

- **Sexual Orientation:** Describes an individual's emotional, physical, and/or romantic attraction to another person.
 - **Gay or Lesbian:** 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 gender

KEY TERMS (CONTINUED)

- **Queer:** A term people may use to express fluid identities and orientations. Sometimes used interchangeably with “LGBTQ.”
- **Cisgender:** The term used to describe people whose gender identity or expression aligns with those typically associated with the sex assigned to them at birth.
- **Transgender:** An umbrella term for those whose gender identity or expression is different from those typically associated with the sex assigned to them at birth (e.g., the sex listed on their birth certificate).

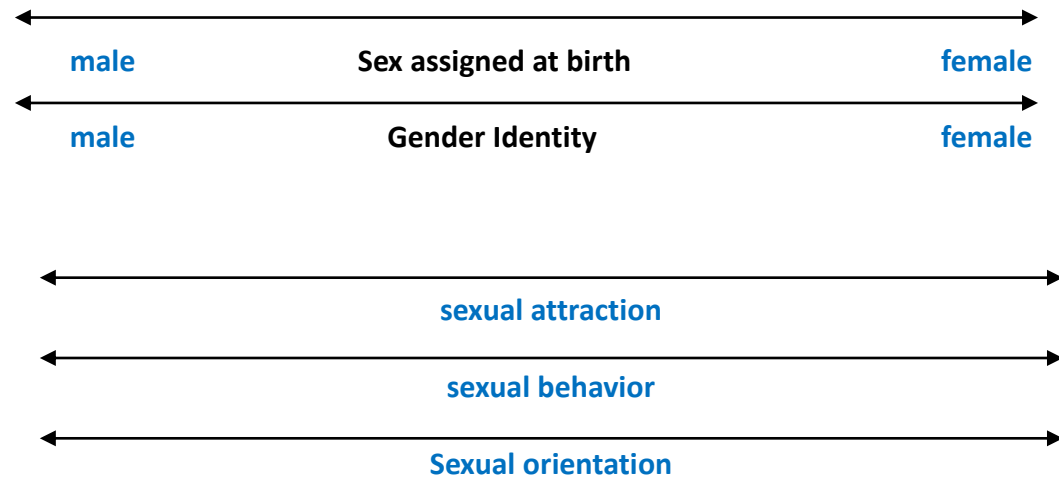
GENDER IDENTITY & EXPRESSION

- **Gender Identity:** A person's deeply held internal sense of being male or female or somewhere else on or outside the gender continuum.
- **Gender Expression:** Refers to all of a person's external characteristics and behaviors – such as: clothing, grooming, mannerisms, speech patterns, and social interactions – that represent or express one's gender identity to others.

Source: Human Rights Campaign's "Transgender and Gender-Expansive Identities Training."

SEX, GENDER, & ORIENTATION

Sex, Gender, & Orientation Continuum



WHO ARE LESBIANS AND BISEXUAL WOMEN?

- Part of **any** population:
 - All racial/ethnic groups
 - All socioeconomic status and religions
 - All education levels and ages
 - All physical abilities, professions, and housing status
 - All types of appearance
- Women who have emotional, romantic, sexual, or affectionate interest **in women**.
- **Some transgender people** identify as lesbian or bisexual.

WHO ARE LESBIANS AND BISEXUAL WOMEN?

“It is forgotten that we are part of the LGBT acronym...Women in general are invisible and then add the attracted to women piece and we are doubly invisible.”

Source: Focus Group Study 2012 at CHLA Center for Young Women

BEHAVIOR MAY NOT MATCH IDENTITY

- ✓ Ask about sexual BEHAVIOR
- ✓ **Do not assume** parameters of sexual behavior based on knowledge of relationship status & identity

WILLIAMS INSTITUTE META ANALYSIS

- Looked at data of 5 U.S. surveys & 4 international surveys
 - Date of data collection ranged 2004-2010
- **1.1%** of adult females in the U.S. identify as **lesbian/gay**
 - 1.3 million women (approximately the population of New Hampshire or San Diego, over double the population of Vermont)
- **2.2%** of adult females in the U.S. identify as **bisexual**
 - 2.56 million women (over twice the population of Rhode Island)

SEXUAL BEHAVIOR AMONGST WOMEN AGE 18-44

- Females who had same-sexual partner in the past year
 - 11.7%
- Females identified as bisexual
 - 5.5%
- Females who reported same-sex sexual partner in lifetime:
 - 17.4%
- Females identified as homosexual, gay, or lesbian:
 - 1.3%

* National Health Statistics Report, US Department of Health and Human Services, Centers for Disease Control, National Center for Health Statistics - 2016

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

Those disclosing their sexual orientation to their health care providers are more likely to seek health care than those who do not.

56% of lesbian, gay & bisexual respondents experienced discrimination in healthcare

Source: 2011 Institute of Medicine (IOM) LGBT Report ; Source: Lambda Legal, Survey of Discrimination Against LGBT People and People with HIV 2010; Source: Steele et al 2006, Centre for Addiction and Mental Health in Toronto, Canada

IMPLICIT AND EXPLICIT BIASES

- Healthcare providers often have explicit and implicit biases that may induce a “felt-stigma” among lesbian and bisexual patients
 - Causes them to disclose less information to their provider
 - **34%** of LGBT physicians reported observing discriminatory care of an LGBT patient
- University of Washington-led study reports that heterosexual providers carry a moderate to strong implicit preference for straight patients versus lesbian and bisexual patients
- If you reflect on your own biases, you can do a better job

Source: Sabin et al 2015, American Journal of Public Health

EXPERIENCES WITH HEALTH CARE PROVIDERS

“The eyebrow goes up, and it feels like a judgment when I tell them I am attracted to women.”

“They look confused when I say I am attracted to women.”

“I don’t really want to tell a person with a needle in my arm that I am attracted to girls. It is none of their business.”

Source: Focus Group Study 2012 at Children’s Hospital LA Center for Young Women

“If you can’t be open, how can you trust your provider to help make decisions with you? I think there needs to be trust with my provider – and knowing about all of me, including my sexual orientation, helps build trust.” – Phyllis S., Age 78

Attributed to “Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity.” www.lgbtagingcenter.org

HEALTH ISSUES OVERVIEW

- Cancer screening
- Health care access/utilization
- Healthy Aging
- Heart disease
- Mental health
- Obesity
- Parenting
- Preventive health
- STIs
- Substance use/tobacco, alcohol & other substances
- Violence

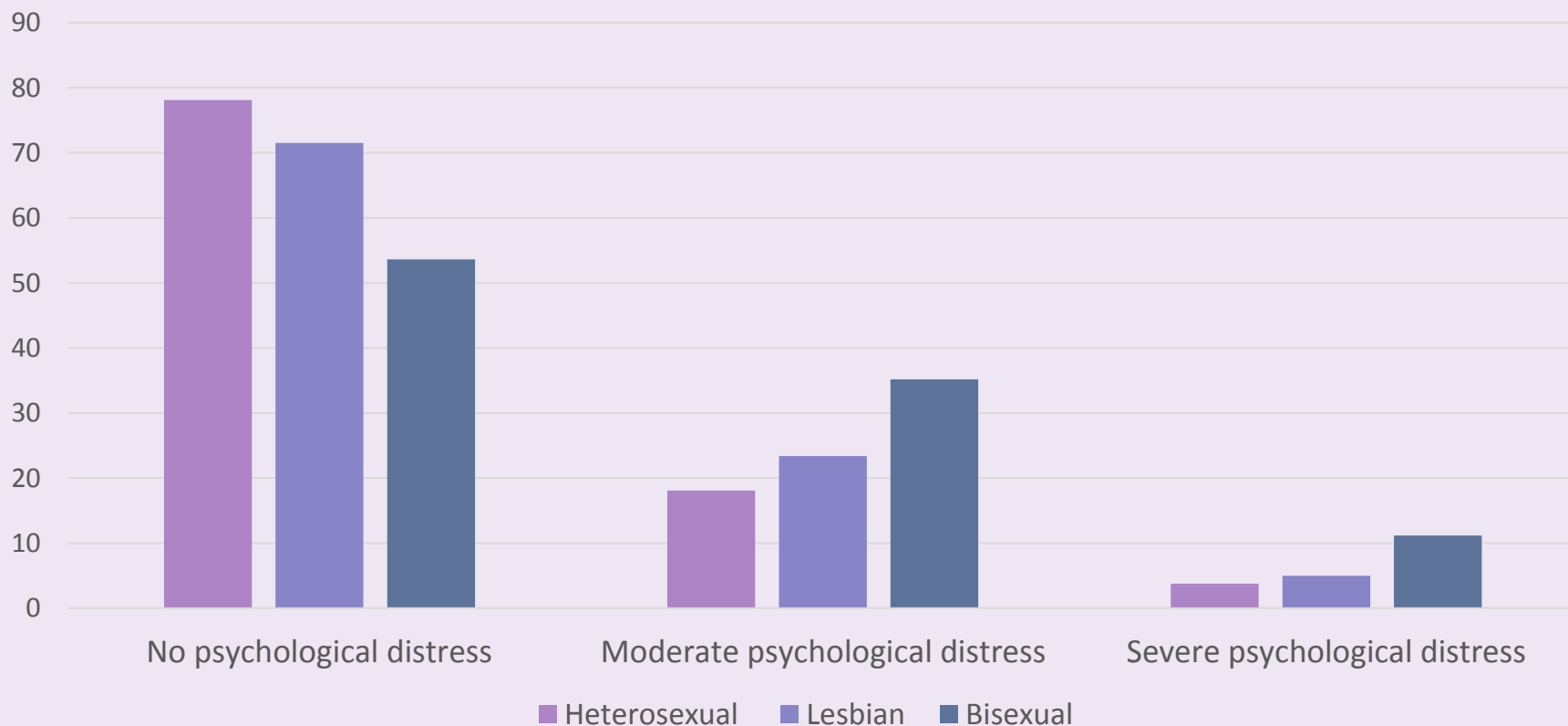
MENTAL HEALTH

- The experiences associated with the LGBT identification leads to higher risk of:
 - Internalized homophobia
 - Stigmatization
 - Rejection
 - Experience or threats of violence
- Lesbians & Bisexual Women are more likely to be depressed and report general anxiety disorder
- Lesbians & Bisexual Women are more likely to use alcohol and drugs

Source: Institute of Medicine 2011 ; Kaiser Permanente, A Provider's Handbook on Culturally Competent Care, 2000

HEALTH STATUS & HEALTH RISK FACTORS OF US WOMEN BY GENDER AND SEXUAL ORIENTATION

Mental Health



Gonzales G, Przedworski J, Henning-Smith C. Comparison of Health and Health Risk Factors Between Lesbian, Gay, and Bisexual Adults and Heterosexual Adults in the United States: Results From the National Health Interview Survey. *JAMA Intern Med.* 2016;176(9):1344-1351. doi:10.1001/jamainternmed.2016.3432.

HEALTHY AGING

“Older Lesbian couples are significantly more likely to live in poverty than older heterosexual couples and older gay male couples.”

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HEART DISEASE

- Lesbians and bisexual women are more likely *to*:
 - Smoke
 - Be overweight
- The more risk factors a woman has, the greater the chance that she will develop heart disease.

CANCER SCREENING

- Lesbians are less likely to have a Pap Test & Mammograms
- Reasons for Less Pap Tests:
 - Cost and lack of medical insurance
 - Prior adverse experience with Pap test
 - Didn't think they needed it since they were not having sex with men
 - Not knowing where to go to get it (commonly provided as a part of family planning)
- Rates of cervical cancer are as high for lesbians and bisexual women as for heterosexual women
- Educational programs should emphasize:
 - The need for lesbians & bisexual women to be screened according to usual guidelines

Source: LGBT Research Specialist at Harvard Medical School, Brittany M. Charlton et al 2011

PARENTING

- 35% of lesbians have given birth
- 41% of lesbians wish to have children in the future
- 59% of bisexual women wish to have children in the future
- 46% of lesbians and bisexual women have considered adoption at some point
- 19% of same sex couples have adopted children (2012)
- One-third of lesbian households and one-fifth of gay male households have children. (“Statistics on US Families.” Groundspark. N.p., n.d. Web.)

“...He will be our baby's pediatrician. It's seriously hard to explain how good we felt leaving his office.... it wasn't because he was gay. It was because he talked with us ...openly, showed us the rainbow stickers he is placing in all the rooms and has neutral language on the new patient forms. For all y'all in the medical field, these very little things to you make a big difference to us.”

December 11, 2015

Facebook post by 2 women in their 20's, who are married, have graduate degrees in healthcare, are white, upper middle class and live in the Bay Area.

PROVIDER ASSUMPTIONS

“Providers assume I am only sexual with my boyfriend & don’t ask about other partners now or recent other partners.”

“ I have been asked if I am sexually active, but never with who?”

“I am asked if I need a pregnancy test every time”

SEXUALLY TRANSMITTED INFECTIONS (STIs)

- **88.6%** of women age 18-44 identifying as homosexual or bisexual had a lifetime history of vaginal intercourse.
- **17.2%** of lesbians reported a lifetime history of an STI including Trichomonas, HPV, herpes.

Source: UCLA Department of Medicine, Nationwide study of 6,935 self-identified lesbians, 1999 National Survey for Family Growth, 2011-2013 as reported in Copen et al., 2016

FEAR OF DISCLOSURE

- “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 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.”

QUOTES FROM LBWHC FOCUS GROUP PARTICIPANTS

2012

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.’ ”
- “I had a lawyer tell me certain things like, always take that directive with you, keep a copy in your car.”

Quotes from LBWHC Focus Group, 2012

- “As a lesbian couple in the early 1980s, we had to show our Durable Power of Health Care to every shift at the nurses station, to let them know who we are.”

Member of Old Lesbians Organizing for Change, 2016

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 should have inclusive images & language for all ages, genders, race, sexual orientations, and literacy levels.

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.”

You are safe here



**You are welcome here. We respect your religion,
gender identity, race, color, sex, age, national origin,
political affiliation, marital and familial status,
source of income, ability and sexual orientation.
We do not tolerate harassing or disparaging
comments.**

CORE COMMUNICATION

- Caring:** Feel & exhibit concern for others
- Open:** Desire to listen & receive information; and understand another person without prejudice and judgment
- Respectful:** Treat others with consideration, courtesy, and high regard
- Empathetic:** Understand others' experiences and communicate your understanding

GENERAL TIPS FOR COMMUNICATING

- Positive, initial interaction is key to making patient feel comfortable/open to discussion
- Remove distractions/ensure private location
- Check your body language
 - Maintain and emphasize confidentiality
 - Be respectful of the word choices of your patient

GENERAL TIPS FOR COMMUNICATING

- Ask open-ended questions
- Provide clarification when needed
- Focus on actual behaviors & practices over your patient's sexual identity when discussing risk

EXAMPLE QUESTIONS

- In order to provide you with the best possible care, I need to ask you some questions about your sexual history.
- 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.
- I know these are sensitive issues and to learn more about what may be causing your symptoms, can you tell me if, in the past 12 months, you have been sexually active with anyone in any way?

EXAMPLE QUESTIONS

- Are you dating or in a relationship?
- Are you currently sexually active?
- What is the gender or your partner(s)?
- Ok, thank you for sharing. This is very helpful information.

GOING BEYOND WORDS: “DO”

- Start with basics: “Hi, nice to meet you/see you again”
- Make eye contact
- Maintain an open physical stance
- Present a neutral facial expression
- Present a personable tone
- Follow your patient’s lead
- Provide positive affirmations

GOING BEYOND WORDS: “DON’T”

- Turn away from patient while talking
- Pull back if she says something that surprises you
- Stare blankly
- Cross arms
- Perform invasive procedure while asking about sexual activities
- Present a negative facial expression

PATIENT VISIT SCENARIOS

SCENARIO 1

Carmen is a 28 year-old Mexican-American woman presenting with severe abdominal pain & nausea. Her last period was roughly six weeks ago. When asked if she could be pregnant, Carmen said, “No.”

HCP (walks in and greets Carmen): Hello! I am Dr. Brown. So...what brought you here today?

Carmen: My stomach is really hurting me. I feel nauseous sometimes.

HCP: Is there any chance you could be pregnant?

Carmen: No, my period has always been irregular.

HCP: Do you have a boyfriend?

Carmen: No

SCENARIO 1

HCP: Are you sexually active?

Carmen: Yes.

HCP: Do you use birth control?

Carmen: No

HCP: Then we need to do a pregnancy test to rule out the possibility that you're pregnant.

Carmen: But there is no way I can be pregnant. It's got to be something else.

HCP: What else can it be? You're sexually active and you're not on any birth control, and you haven't had a period in six weeks or more. What am I missing here?

Carmen looks down & remains silent.

What could the HCP have done differently?

PRIMARY MISTAKES

1. Did not begin with open-ended question
2. Assumed heterosexuality
3. Did not clarify type of sexual behavior
4. Assumed need for birth control/pregnancy test
5. Did not empathize about the sensitivity of the information
6. Made Carmen feel judged and embarrassed.

SCENARIO 1

What are the consequences of these mistakes to the patient?

SCENARIO 2

HCP (walks in and greets Carmen): Hello! I am Dr. Brown, nice to meet you. So...what brought you here today?

Carmen: My stomach is really hurting me. I feel nauseous sometimes.

HCP: In order to provide you with the best possible treatment, I need to ask you some questions about your sexual history. Is there any chance you could be pregnant?

Carmen: No, my period has always been irregular.

HCP: Have you been sexual with anyone in any way in the past 12 months?

Carmen: Yes

SCENARIO 2

HCP: I know these are sensitive issues and to learn more about what may be causing your symptoms, can you tell me more about him or her?

Carmen: I'm dating someone and we're having sex.

HCP: Is this person a man or woman or transgender individual?

Carmen: A woman. Her name is Joanna.

HCP: Ok, thank you for sharing that- it's very helpful information. I would love to hear more about how things are going with Joanna and you after we figure out what is causing your stomach pain & nausea. Have you been sexually active with anyone else in the past 12 months?

SCENARIO 2

Carmen: No.

HCP: Ok, from what you've told me, it sounds like you haven't been sexual with any men in the last 12 months. Is there anything else you would like to share, or do you have any questions, before we go on?

IMPROVEMENTS MADE

- Begins with open-ended question
- Did not assume heterosexual
- Clarified gender of sexual partner
- Explained need for line of questioning
- Did not assume need for birth control/pregnancy test without asking for more information
- Allowed for additional disclosure and questions
- Did not make Carmen feel judged & embarrassed.

She is more likely to confide sensitive information in the future & return for further care.

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](#))

YOU CAN MAKE AN IMPACT!

Small changes go a long way!

What are two things that you will do differently when you go back to your practice?



YOU CAN MAKE AN IMPACT!

