Caring for the Health of Lesbians and Bisexual Women
The Los Angeles County Lesbian and Bisexual Women's Health Collaborative (LBWHC):

- Addresses health disparities for lesbian and bisexual women in Los Angeles County.
- Members represent:
  - Healthcare providers
  - Health care facilities
  - Government agencies
  - Community organizations
  - Academic institutions.
• Name factors that often prevent lesbians and bisexual women from seeking care

• Verbalize action steps to promote inclusive care for lesbians and bisexual women

• Articulate best practices in caring for lesbians and bisexual women

• List why incorporating cultural competencies is important in improving patient care outcomes.
Rachel is seeing a doctor for the first time in years. She worries that the doctor will assume that she is heterosexual, but also that if she makes clear that she is not, she will receive lesser care.

She wants a doctor she can trust. The last doctor she saw was verbally intolerant and even abusive in her opinion, she is fearful this will happen again.

She has read that she may be at increased risk for particular medical conditions and she wants a doctor she can talk to about her concerns.
QUESTIONS TO CONSIDER

- What types of challenges might Lesbian and bisexual women face when seeking health care?
- How might systematic barriers to accessing and receiving good care be reduced?
- What is your role in addressing these challenges?
- In your own practice, what specific measures can you take to promote comfort and open communication?
- Why might it be difficult to discuss sexual orientation and sexual behavior at a medical visit?

Questions developed by Allison Diamant, MD, Associate Professor, Division of General Internal Medicine and Health Services Research, David Geffen School of Medicine at UCLA
**Sexual Orientation**: An inherent or immutable enduring emotional, romantic or sexual attraction to other people

**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, though not necessarily simultaneously, in the same way or to the same degree

**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 people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.
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 that represent or express one’s gender identity to others, such as:

- Clothing
- Grooming
- Mannerisms
- Speech patterns
- Social interactions

Source: Human Rights Campaign (HRC) Cultural Competency Training 2017
Sex, Gender, & Orientation Continuum

- male
- Sex assigned at birth
- female
- male
- Gender Identity
- female
- sexual attraction
- sexual behavior
- Sexual orientation
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.
“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

- Sexual behavior: who one is intimate with – may not be congruent with sexual orientation or gender identity

- Important to ask about sexual BEHAVIOR

- Do not assume parameters of sexual behavior based on knowledge of relationship status & identity
SEXUAL DIVERSITY: POPULATION ESTIMATES

- National Health Interview Survey (2015)
  - 1.3% of adult women in the US identified as lesbian/gay
  - 5.5% of adult women in the US identified as bisexual

* National Health Statistics Report, US Department of Health and Human Services, Centers for Disease Control, National Center for Health Statistics - 2016
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
PROMOTING CLINICAL AND CULTURAL COMPETENCE

• “While there are no medical issues entirely unique to lesbians and bisexual women, there are unique issues for transgender individuals and…..”

• “……there is much to understand about the variation in prevalence and risks, and the differing experiences and context with the health care system in which medical issues are addressed”
Disclosure rates are not only low because of patient reluctance. Studies have found that even patients who wished to discuss their sexuality with MDs did not feel comfortable or were not given the opportunity to do so. Many opportunities are missed to test, treat, educate and advocate regarding medical and social problems.

Source: Institute of Medicine 2011
SEXUAL MINORITIES AMONG RACIAL/ETHNIC MINORITIES

- Higher rates of suicide
- Victim of hate crimes
- Higher rates of substance use
- Participation in perceived culturally less accepted behaviors

LGBT racial and ethnic minorities are at elevated risk for stigmatization and discrimination. Social stigma poses threats to their own health and well-being.

Source: Institute of Medicine 2011
Lack of health insurance: larger impact on health seeking behaviors of lesbians/bisexual women than gay/bisexual men - some improvement with legalized marriage

LGBT individuals experience greater delays and unmet need in obtaining medication and other medical care compared to heterosexuals

Hostile attitudes of providers, manifested as verbal intolerance

For lesbians rough gynecologic exams, incorrect assumptions about need/use of OCPs, pregnancy

Lack of knowledge and comfort regarding transgender care

Developed by Allison Diamant, MD, Associate Professor, Division of General Internal Medicine and Health Services Research, David Geffen School of Medicine at UCLA
RESULTS OF 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.

48% of lesbian & bisexual women experienced discrimination in healthcare

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
COMMON PITFALLS IN THE CARE OF LESBIAN AND BISEXUAL WOMEN

- Heterosexuality is assumed by health care providers.
- The importance of the relationship between sexuality and community is not appreciated.
- Confidentiality may not be addressed.
- Same-sex partners or nontraditional family members are not included in decision making.
- Sexual behaviors or identity are not commonly addressed.
- Risk is assessed based on sexual orientation, not behavior.
- Under or over-assumption of risk (e.g. Cervical CA, HIV)
- It is assumed that LGBT individuals are not having or planning for children.

Developed by Allison Diamant, MD, Associate Professor, Division of General Internal Medicine and Health Services Research, David Geffen School of Medicine at UCLA
“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
Predicted higher rates of breast and ovarian cancer based on higher prevalence of known risk factors:
- later childbearing
- higher smoking rates – current/former – lesbian and bisexual women
- nulliparity
- higher rates of heavy alcohol use – especially bisexual women
- lower OCP use
- lower screening rates for breast cancer

Actual rates of breast and ovarian cancer among lesbians and bisexual women are unknown
- Underutilization of cervical cancer screening
- 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
“Older Lesbian couples are significantly more likely to live in poverty than older heterosexual couples and older gay male couples.”
Lesbians and bisexual women are more likely to:
- Smoke
- Be overweight
- Decreased access to care

The more risk factors a woman has, the greater the chance that she will develop heart disease.

Source: Institute of Medicine 2011
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

Source: Institute of Medicine 2011; Kaiser Permanente, Adult and Adolescent Depression Screening, Diagnosis, and Treatment Guideline, 2017
Lesbian and bisexual women have higher rates of current tobacco use than heterosexual women (25.1% vs 26.2% vs 14.7%)

- Lesbians & Bisexual Women are more likely to use or have used alcohol and drugs
  - Heavy alcohol use (8.9% vs 11.17% vs 4.8%)

- 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)

Most women who identify as lesbian or bisexual have had lifetime vaginal intercourse with a man (88.6%). Recent sexual contact with a male partner is more common among younger women. Sexual contact with men or IVD users may be more common among bisexual women. Potential for female to female transmission of HSV, HPV, and Chlamydia– no documented risk for gonorrhea and trichomonas. 9% of lesbians and 23% of bisexual women reported histories of an STI.

Source: Copen et al., 2016, Sexual Behavior, Sexual Attraction, and Sexual Orientation Among Adults Aged 18-44 in the United States: Data From the 2011-2013 National Survey of Family Growth; Logie et al., 2014, Correlates of a lifetime history of sexually transmitted infections among women who have sex with women in Toronto, Canada: results from a cross-sectional internet-based survey.
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.

  • “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.”

Source: Quote from LWBHC Focus groups, 2012
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.
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.

Sign provided by Multnomah County Aging, Disability and Veterans Services
<table>
<thead>
<tr>
<th>Caring</th>
<th>Feel &amp; exhibit concern for others</th>
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<tr>
<td>Open</td>
<td>Desire to listen &amp; receive information; and understand another person without prejudice and judgment</td>
</tr>
<tr>
<td>Respectful</td>
<td>Treat others with consideration, courtesy, and high regard</td>
</tr>
<tr>
<td>Empathetic</td>
<td>Understand others’ experiences and communicate your understanding</td>
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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

- Ask open-ended questions

- Provide clarification when needed

- Focus on actual behaviors & practices over your patient’s sexual identity when discussing risk
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?
- 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
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
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?
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.
What are the consequences of these mistakes to the patient?
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
**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?
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](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](#))
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!
For more information, please contact:

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