

# 10

## TEN THINGS:

CREATING INCLUSIVE  
HEALTH CARE ENVIRONMENTS  
FOR LGBT PEOPLE



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

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# INTRODUCTION

Lesbian, gay, bisexual, and transgender (LGBT) people, like all people, want health care environments where they feel welcomed and respected. However, LGBT people face several barriers to accessing inclusive and affirming care. Many have experienced discrimination in health care settings, or know of someone who has.<sup>1,2</sup> Even when providers have done nothing to suggest bias, LGBT people often approach health care with the expectation of a negative encounter. Some delay or avoid care altogether.<sup>1,2</sup> Yet, access to care is especially critical for LGBT people—a population that experiences higher rates of HIV infection, depression, suicidal behavior, homelessness, smoking, substance use, and other health concerns.<sup>3,4</sup> Because health centers are an important source of health care for LGBT people in all parts of the United States, it is essential they create environments that are affirming for this vulnerable population.

Creating an inclusive and affirming environment is not difficult or expensive, but it does involve dedicated effort and focus. This Guide is written for those who are leading these efforts at their health center or other health care organization. Presented here are ten things every health care organization can do to achieve a more inclusive and affirming health care environment. These practical strategies are meant to be broad enough to be adaptable, yet specific enough to allow for measuring progress. In taking these steps, you will make significant strides in providing equitable health care for all.



## THE BOARD & SENIOR MANAGEMENT ARE ACTIVELY ENGAGED

Proactive efforts to build an LGBT-inclusive environment are essential to a successful outcome. There is no one formula for this, but engaged leadership from both the board and senior management is critical. Leadership should set the tone and ensure that LGBT-inclusiveness becomes part of an overall commitment to quality and fairness. Further, leadership is responsible for establishing a process to assess and monitor LGBT inclusiveness, and for overseeing any adjustments required to build a more welcoming environment.

Organization-wide surveys that assess current practice and service gaps can be useful to kick-start efforts. In addition, scheduling an all-staff introductory training on LGBT health can help raise awareness and create “buy-in.” Some health centers and other organizations have found it useful to create an LGBT task force or advisory group that identifies areas of excellence, and generates ideas for change. Others have identified an individual (sometimes referred to as a “champion”) who is directly accountable to leadership for assessment, monitoring, and implementing initiatives. A champion is usually someone who has a particular interest or expertise in LGBT health, and/or has provided exemplary service to LGBT patients and families, and has agreed to serve as a resource for staff. These and several other ideas for providing organizational leadership have been suggested by The Joint Commission.<sup>5</sup>



## POLICIES REFLECT THE NEEDS OF LGBT PEOPLE

Because LGBT people come from all walks of life and experience the same kinds of health issues that all people experience, every organizational policy affects LGBT people. As such, it is a good idea to examine all policies and procedures for LGBT-inclusiveness with particular attention to the ways in which family is defined. It is recommended that families be defined openly, so that partners, children, and even friends who have no legal status as family are included when the patient wishes them to be.

In addition, it is important to review non-discrimination policies and visitation policies for inclusion of LGBT identities and relationships.<sup>6</sup> The following policy changes are now Joint Commission standards<sup>7,8</sup> and are required for becoming a Healthcare Equality Index leader.<sup>9</sup>

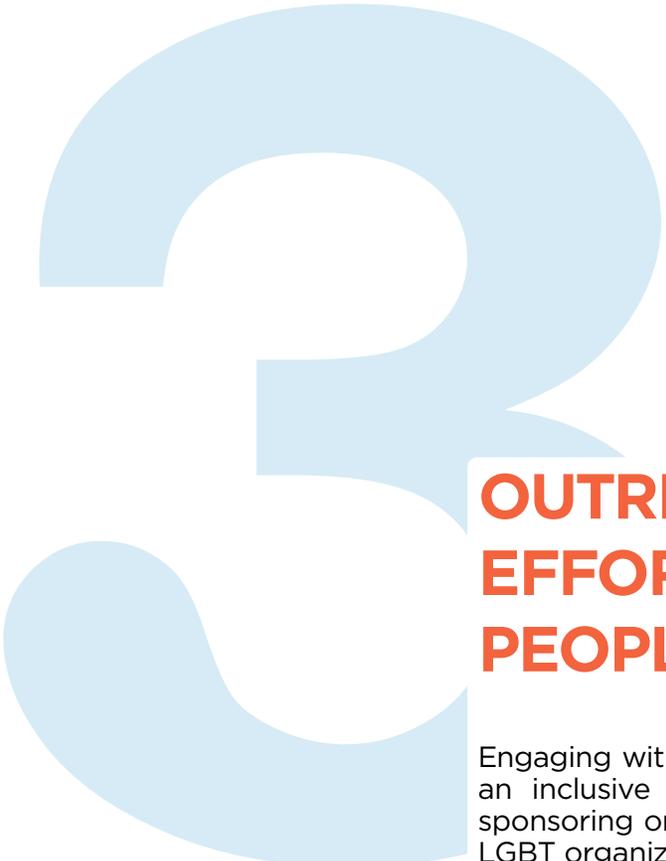
### NON-DISCRIMINATION POLICIES

Given the long history of discrimination against LGBT people in health care settings, it is strongly recommended that the terms “sexual orientation,” “gender identity,” and “gender expression” be added to patient and employment non-discrimination policies. Gender identity refers to people’s internal sense of being male, female, or another gender. Gender expression is defined as “the manifestation of characteristics in one’s personality, appearance, and behavior that are culturally defined as masculine or feminine”.<sup>3</sup> Sexual orientation refers to people’s romantic and physical attraction to others. Inclusion of these terms in your non-discrimination policies is important even if you are situated in a jurisdiction in which discrimination by these characteristics is prohibited by law.

## SUPPORT PERSONS & VISITATION POLICIES

Posting the patient non-discrimination policy in several high-profile locations, such as on the walls, on patient handouts, and on a high-traffic area of your website will send a clear signal to patients of your health center's commitments and values. Including your employment non-discrimination policy in job postings can help recruit a more diverse workforce. In addition, it is equally important to establish a well-defined process for reporting and responding to any discrimination that may occur.

Any policies on support persons and/or on visitation should be crafted to ensure that patients can include friends and partners who are not legally or biologically related to them. Friends often serve in the roles of caregiver and support person in the lives of LGBT people, and patients should be encouraged to include friends as support persons if they wish. Such policies might also explicitly allow patients to receive visitors and name support persons without having to declare the nature of their relationship in order to be granted access. As with the non-discrimination policies, it is recommended to visibly post these policies as a way to signal openness to same-sex partners and non-traditional family. A sample statement could be: "Patients may designate support persons (and visitors) of any relationship including, but not limited to, spouses, domestic partners, friends, children, and family of any kind."



## **OUTREACH & ENGAGEMENT EFFORTS INCLUDE LGBT PEOPLE IN YOUR COMMUNITY**

Engaging with the local LGBT community is also critical to creating an inclusive and welcoming environment. This can include co-sponsoring or hosting community events in collaboration with local LGBT organizations; recognizing LGBT awareness “holidays” such as LGBT Health Week, National Coming out Day, and Transgender Day of Remembrance; organizing a group of staff and patients to march in the community’s annual LGBT pride parade; inviting LGBT leaders to have a voice in organizational planning and a seat at the table on your health center’s board or on other patient and community advisory or leadership boards; and advocating when appropriate on local issues of importance to the LGBT community. You can also assess the needs of the LGBT community in your local area by holding focus groups, administering surveys at LGBT events such as Pride, and talking with key LGBT stakeholders and community leaders.



## ALL STAFF RECEIVE TRAINING ON CULTURALLY- AFFIRMING CARE FOR LGBT PEOPLE

To facilitate respectful communication with LGBT patients, all staff should receive training on LGBT identities, terminology, and health disparities, as well as on how to avoid stereotypes and assumptions about patients' sexual orientations and gender identities. This is critical not only for administrators and clinical providers, but for all staff, especially those who have patient contact, including outreach workers, enrollment specialists, front desk staff, medical assistants, billing and insurance, and security personnel.

Improved communication by staff at all levels should lay the foundation for patients to feel comfortable disclosing their LGBT status. When patients receive a non-judgmental reaction to their disclosure, followed by respectful, appropriate follow-up from staff, they are more likely to remain engaged in care.

Clinical providers should also receive training specific to their practice and the populations they serve. The National LGBT Health Education Center ([www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)) offers online learning modules and webinars for free continuing education credit on a range of LGBT topics, including behavioral health care, sexual and reproductive health, transgender clinical care, older adults, youth, parents, and more.



## PROCESSES & FORMS REFLECT THE DIVERSITY OF LGBT PEOPLE & THEIR RELATIONSHIPS

Registration is a key opportunity to let LGBT patients know they are recognized and welcomed. Most critical is to review the language in your registration and medical history forms, and to train frontline staff in using inclusive language.

Key areas for review include:

### DEMOGRAPHICS

Do your registration forms ask patients about their sexual orientation and gender identity? Asking these questions in the demographics section of registration forms will communicate to LGBT patients that the health center recognizes them and understands their health care needs. It also allows health centers to collect data in order to monitor quality of care to LGBT patients. Research has shown that sexual orientation and gender identity questions are acceptable to LGBT and non-LGBT patients in both urban and rural environments.<sup>10</sup>

Recommended sexual orientation and gender identity questions can be found on the website: [doaskdotell.org](http://doaskdotell.org).

### PREFERRED NAME/ PRONOUNS

Many transgender people have insurance and identification documents that do not accurately reflect their current name or gender identity. To prevent miscommunication by staff, we recommend adding a preferred name and pronoun option on registration forms and in the medical record. All health center staff should be trained to use the preferred options.

## RELATIONSHIP QUESTIONS

Do you ask patients about their marital status? We encourage you to reframe marital status questions as relationship status questions. Many LGBT and non-LGBT people in long-term committed relationships are not married for a variety of reasons. Gender neutral response items such as spouse instead of wife or husband are encouraged. Further, consider including “unmarried partner” as a relationship status option in addition to spouse.

## SEXUAL HISTORY QUESTIONS

If you include sexual history questions on your medical history forms, make sure they do not assume heterosexual relationships only. For example, ask the gender(s) of the patient’s sexual partner(s).<sup>11</sup>

## FAMILY PLANNING QUESTIONS

Do your family planning questions assume that every sexually active person requires contraception? If so, patients who engage in exclusive same-sex behavior may feel marginalized. Do your family planning questions include the possibility of adoption, surrogacy, or insemination? Recognizing there are options for becoming parents beyond intercourse is important for all patients.

## GYNECOLOGIC HISTORY QUESTIONS

Do your questions about breast health and reproductive anatomy specify “for women only”? Many transgender men retain a cervix, uterus, and breast tissue. It is important for all relevant patients to answer these questions and receive regular preventive gynecologic care.



## DATA IS COLLECTED ON THE SEXUAL ORIENTATION & GENDER IDENTITY OF PATIENTS

Gathering data on the sexual orientation and gender identity of patients is essential to providing optimal care to LGBT people. Collecting this information in a standardized way—in electronic health records (EHRs) and in patient satisfaction surveys—allows health centers to provide more appropriate care as well as to monitor quality of care to LGBT patients.

### ELECTRONIC HEALTH RECORDS

The Institute of Medicine<sup>3,12</sup> and the Joint Commission<sup>5</sup> recommend that health care organizations collect sexual orientation and gender identity information and enter the data into EHRs. Because LGBT people face health disparities, the inclusion of this information in the EHR assists clinicians in providing screening and preventive care that can address those disparities. Further, knowing both the gender identity and birth sex of transgender patients helps the provider offer more appropriate screenings. Asking about and recording sexual orientation and gender identity can also enhance patient-provider communication, which is a foundation for quality care. As mentioned earlier, recommended sexual orientation and gender identity questions can be found on the website: [www.doaskdotell.org](http://www.doaskdotell.org).

Once you begin collecting sexual orientation and gender identity information, it is important to tie the questions to algorithms that support billing and patient decision support. For example, a transgender man may retain his cervix and need a Pap smear. The provider needs the appropriate reminder and the code needs to assure the billing is done correctly.

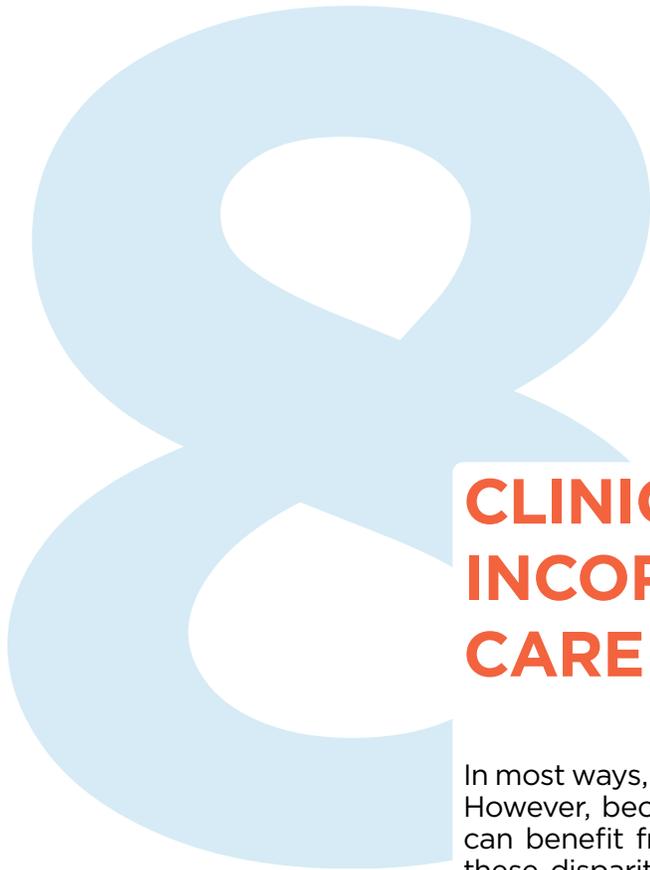
### PATIENT SATISFACTION & QUALITY IMPROVEMENT SURVEYS

Adding sexual orientation and gender identity demographic questions to patient satisfaction and quality improvement surveys enables you to measure how well your services are meeting the needs of LGBT patients over time. By looking at both patient satisfaction data and clinical data in the EHR, you should be able to develop goals for improving overall clinical quality for LGBT patients.



## **ALL PATIENTS RECEIVE ROUTINE SEXUAL HEALTH HISTORIES**

Taking a routine history of sexual health should be part of the comprehensive history for all adult and adolescent patients. Discussions of sexual health should be broader than just a focus on behavior and associated risks for HIV, STDs, and pregnancy. Rather, they should allow patients to talk about a range of issues including sexual function, satisfaction, desires, trauma or abuse, and family planning. Asking open ended and inclusive questions, such as “Are you in a relationship?” and “Do you have sex with men, women, or both?” invites patients to feel more comfortable talking to their providers about their sexual orientation, their relationships, their sexual behavior, and any related questions or concerns. In addition, asking patients if they have any concerns about their gender identity offers an opportunity for transgender patients to open up to their provider. It is important to avoid assumptions and prejudging people by asking these questions of all patients.



## CLINICAL CARE & SERVICES INCORPORATE LGBT HEALTH CARE NEEDS

In most ways, LGBT people have the same health needs as all patients. However, because LGBT people face several health disparities, they can benefit from clinical care and services that target and address these disparities. Some LGBT people also have specific health care needs that are not widely available, such as cross-sex hormone therapy for transgender patients, and family planning for same-sex couples. A few recommended services are described below.

### PREVENTION & WELLNESS

Gay and bisexual men, and transgender women face higher risks of acquiring HIV and other sexually transmitted infections (STIs),<sup>3,4</sup> therefore, culturally responsive testing and prevention services, including availability of post- and pre-exposure prophylaxis (PEP and PrEP), are strongly recommended.<sup>13,14</sup>

Lesbian and bisexual women are less likely than heterosexual women to be screened regularly for cervical cancer, even though their risk is similar to heterosexual women.<sup>15</sup> Quality assurance programs can be developed to ensure that lesbian and bisexual patients are receiving Pap smears according to guidelines for all women. In addition, clinicians should understand that many transgender men retain a cervix and require regular cervical cancer screening as well.

LGBT people smoke at much higher rates than the general population.<sup>16</sup> Clinicians should be aware of the need to assess cigarette and other tobacco product use among their LGBT patients. In addition, it can be helpful to provide smoking cessation counseling that addresses the root causes of LGBT smoking (such as the experience of minority stress)<sup>17</sup> and that affirm LGBT identities and communities.

Gay and bisexual men are at increased risk for anal cancer.<sup>3</sup> Anal cytology screening should be considered, especially for HIV-infected men.<sup>18</sup>

## TRANSGENDER SPECIFIC HEALTH CARE

Many transgender patients seek transition-related health care services such as cross-sex hormone therapy and/or referral to surgery. Further, transgender patients should undergo preventive screenings following guidelines for their natal sex for organs and tissues that they retain (for example, prostate, cervical, and breast cancer screenings). Training materials and primary care protocols for transgender health care are available online (see Resources at the end of this Guide).

## COMPREHENSIVE FAMILY PLANNING SERVICES

Many LGBT people are interested in becoming parents through adoption, fostering, surrogacy, or donor insemination. In a 2013 poll, 51% of LGBT adults in the U.S. reported that they are either already parents or would like to have children someday<sup>19</sup>. Family planning options can include counseling on these options and referrals to LGBT-friendly agencies.

## LGBT BEHAVIORAL HEALTH SERVICES

Several studies have shown that LGBT people have higher rates of depression, anxiety, and suicidality, and a history of violent victimization and trauma.<sup>3</sup> LGBT people may be in greater need of behavioral health services, and require providers who understand their life experiences and are affirming of their identities, families, and communities. Offering support groups for LGBT people is another way for helping people in the community who may be experiencing marginalization, isolation, or mental health issues related to stigma.

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If you do not have the full range of services discussed above, consider building partnerships with organizations that do. In addition, be sure to have LGBT-inclusive referrals on hand for these services.



## THE PHYSICAL ENVIRONMENT WELCOMES & INCLUDES LGBT PEOPLE

Upon entering a health care facility, many LGBT patients look for signs and clues of openness to LGBT identities. Assess the physical environment of your building with attention to what kind of messages may be communicated to patients. What does the environment say about who your health center recognizes and serves? Do you include depictions of LGBT people and families anywhere? Are there only traditional representations of gender? Think about the environment as holistically as possible. Specific areas that you might attend to include:

### SIGNS & BROCHURES

Do health education or marketing materials include any images of same-sex couples or families? Do you have any LGBT-specific signs, stickers, brochures, or patient education materials? Do your community bulletin boards include postings for LGBT people? Do you have any resource materials from local LGBT organizations available?

### WAITING AREA READING MATERIALS

Do your waiting areas have reading materials appealing to LGBT people? If you have a local LGBT newspaper, consider ordering a subscription for your waiting rooms. If you don't, consider selecting an LGBT-oriented national magazine such as OUT or The Advocate among your reading materials.

### RESTROOMS

Transgender and gender nonconforming people sometimes experience questioning or harassment in public restrooms. It is important for health centers to have a policy that allows people to use restrooms based on their gender identity (rather than their birth sex). If possible, it is also helpful to provide single occupancy unisex restrooms.



## **LGBT STAFF ARE RECRUITED & RETAINED**

Having openly LGBT people on staff can help build the foundation for creating a respectful, inclusive health care environment. Suggestions for recruiting and retaining an LGBT workforce include providing an employee nondiscrimination policy that includes sexual orientation, gender identity, and gender expression. You also will want to have an LGBT-inclusive benefits package that ensures same-sex partners (regardless of marital status) are treated equitably in areas such as retirement, health care, leave, and education. Further, it is important to review the health insurance coverage offered for transgender employees as many insurers do not cover transition-related expenses.

Other ways to recruit and retain LGBT employees include mentioning your commitment to non-discrimination in your career ads, sponsoring an LGBT employee resource group, attending LGBT job fairs, advertising positions in LGBT publications, and including LGBT information in staff training.

# CONCLUSION

Welcoming environments are those that provide LGBT patients and their families the dignity and respect that all patients deserve. In such environments, LGBT people are much more likely to feel comfortable being open with their providers and with staff about their sexual orientation, gender identity, family, and relationships. They are able to share information relevant to their care without concern for how that information will be received. Changes (big and small) can go a long way in communicating to LGBT patients and their families that the organization welcomes the opportunity to care for them. We hope this Guide is a helpful resource to you as you lead and manage efforts to provide welcoming, inclusive, and affirming care and services to LGBT people—as well as all populations—in your community. For additional resources, see the references and resources sections below.

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# RESOURCES

## **The National LGBT Health Education Center**

Our website has many resources for creating affirming health care environments. LGBT patient brochures and posters that can be distributed at your health center; a guide to taking an inclusive sexual history; and more information collecting data on sexual orientation and gender identity. In addition, we offer over 45 “on-demand” webinars (with free CEUs) for training your staff.

[www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)

## **The Fenway Guide to LGBT Health**

2nd edition. American College of Physicians, 2015.  
Available on Amazon.com and at

[www.acponline.org/fenway](http://www.acponline.org/fenway)

## **Advancing Effective Communication, Cultural Competence, and Family- and Patient-Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide**

The Joint Commission; 2011.

[www.jointcommission.org/lgbt](http://www.jointcommission.org/lgbt)

## **Center of Excellence for Transgender Health**

Primary Care Protocols.

<http://transhealth.ucsf.edu>

## **World Professional Association for Transgender Health: Standards of Care**

[www.wpath.org](http://www.wpath.org)

## **Human Rights Campaign**

Sample patient non-discrimination policies.

[www.hrc.org/resources/entry/sample-patient-non-discrimination-policies](http://www.hrc.org/resources/entry/sample-patient-non-discrimination-policies)

# REFERENCES

1. Grant JM, Mottet LA, Tanis J, et al. Injustice at Every Turn: a report of the National Transgender Discrimination Survey. National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.
2. When health care isn't caring: Lambda Legal's Survey of Discrimination against LGBT People and People with HIV. New York: Lambda Legal, 2010.
3. Institute of Medicine. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: National Academies Press; 2011.
4. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2020. Lesbian, gay, bisexual, and transgender health. 2014.
5. The Joint Commission. Advancing Effective Communication, Cultural Competence, and Family- and Patient-Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide. Oak Brook, IL: The Joint Commission; October 2011.
6. US Department of Health and Human Services LGBT Issues Coordinating Committee. Advancing LGBT Health & Well-being: 2014 Report.  
[www.hhs.gov/lgbt/resources/reports/dhhs-lgbt2014annualreport.pdf](http://www.hhs.gov/lgbt/resources/reports/dhhs-lgbt2014annualreport.pdf)
7. The Joint Commission. Comprehensive Accreditation Manual for Hospitals, Update 1, January 2011.
8. The Joint Commission. Comprehensive Accreditation Manual for Critical Access Hospitals, Update 1, January 2011.41.
9. Human Rights Campaign. Healthcare Equality Index.  
[www.hrc.org/campaigns/healthcare-equality-index](http://www.hrc.org/campaigns/healthcare-equality-index)

10. Cahill S, Singal R, Grasso C, et al. (2014) Do ask, do tell: high levels of acceptability by patients of routine collection of sexual orientation and gender identity data in four diverse American community health centers. PLoS ONE 9(9): e107104.
11. National Association of Community Health Centers and National LGBT Health Education Center. Taking routine histories of sexual health: a system-wide approach for health centers, 2014.
12. Institute of Medicine. Collecting sexual orientation and gender identity data in electronic health records: workshop summary. Washington, DC: The National Academies Press; 2013.
13. CDC HIV/AIDS. Post-Exposure Prophylaxis. [www.cdc.gov/hiv/basics/pep.html](http://www.cdc.gov/hiv/basics/pep.html)
14. CDC HIV/AIDS. Pre-Exposure Prophylaxis. [www.cdc.gov/hiv/prevention/research/prep/](http://www.cdc.gov/hiv/prevention/research/prep/)
15. Peitzmeier SM. Promoting cervical cancer screening among lesbians and bisexual women. The Fenway Institute, 2013.
16. Agaku IT, King BA, Husten CG, et al. Tobacco product use among adults – United States, 2012-2013. MMWR. 2014;63(25):542-7.
17. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychol Bull. 2003;129:674-97.
18. Cranston RD1, Hart SD, Gornbein JA, et al. The prevalence, and predictive value, of abnormal anal cytology to diagnose anal dysplasia in a population of HIV-positive men who have sex with men. Int J STD AIDS. 2007;18(2):77-80.
19. Pew Research Center. A survey of LGBT Americans: attitudes, experiences and values in changing times. June 13, 2013.



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