



TFIE-57

10

TEN STRATEGIES

for Creating Inclusive
Health Care Environments
for LGBTQIA+ People



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

April 2021

INTRODUCTION

Health centers are an important source of health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minorities (LGBTQIA+) across the United States. Approximately 4% of all health center patients identify as LGBTQIA+.¹ Many LGBTQIA+ people have experienced discrimination in health care settings, or know of someone who has.²⁻⁴ For these reasons, LGBTQIA+ people may approach health care with the expectation of a negative encounter, or they may avoid accessing care altogether.²⁻⁴ Creating welcoming, inclusive, and affirming health care environments is therefore critical for increasing access to care for LGBTQIA+ people. This Guide presents ten strategies every health care organization can do to become more affirming and welcoming for LGBTQIA+ patients and staff. These ten strategies lay the foundation for a comprehensive change effort. Further reading and tools are available in the Resources and References sections.



LEADERSHIP IS ACTIVELY ENGAGED

Active involvement from members of the governing board and senior management is essential for building a health center-wide commitment to change. Ideally, at least one person from senior management takes on the role of a “champion,” i.e., a person highly dedicated to LGBTQIA+ inclusion efforts.

The leadership champion sets the tone for the entire staff by announcing the new initiative, explaining the goals and rationale for creating more welcoming environments, and scheduling an all-staff introductory training on LGBTQIA+ health. These strategies help to raise awareness and create “buy-in” among staff. Administering an organization-wide survey to assess current practice and service gaps may also help to kick-start efforts. The leadership champion may also set up an LGBTQIA+ inclusion task force comprised of staff representing different roles and departments. The task force meets regularly to plan, implement, and monitor strategies and adjustments required to build a more welcoming environment. If someone from a leadership position does not have the time to be a member of the task force, the task force can still keep leadership apprised of progress in meeting their goals. Having leadership engaged and informed also helps ensure that the task force has access to the resources needed to enact changes.



ORGANIZATIONAL POLICIES PROTECT LGBTQIA+ PEOPLE

Every organizational policy affects LGBTQIA+ people. As such, it is a good idea to examine all policies and procedures for LGBTQIA+ protections and inclusiveness.

Non-discrimination policies

Given the long history of discrimination against LGBTQIA+ people in health care settings,²⁻⁶ we strongly recommend adding the terms *sexual orientation*, *gender identity*, and *gender expression* to patient and employment non-discrimination policies. *Gender identity* refers to a person's inner sense of being a girl/woman/female, boy/man/male, something else, or having no gender. *Gender expression* is the way a person communicates their gender to the world through mannerisms, clothing, speech, behavior, etc. *Sexual orientation* is how a person characterizes their emotional and sexual attraction to others. Including these terms in your non-discrimination policies is important even if your health center is situated in a jurisdiction in which discrimination by these characteristics is prohibited by law. Posting the patient non-discrimination policy in several high-profile physical and virtual locations, as well as via electronic notification at patient intake and during routine appointment scheduling, when obtaining assent or consent, or when sharing patients' bill of rights information, sends a clear signal to patients of your organization's commitments and values. It is equally important to establish a well-defined protocol and process for reporting and responding to any discrimination that may occur.

Restroom policies

To prevent harassment of transgender and gender diverse people in gender-specific restrooms, health centers can develop, post, and enforce policies that allow all people to use restrooms that best align with their gender identity.

Family and support person policies


LGBTQIA+ people often have a chosen family of friends who serve in the roles of caregivers and supports. Policies that involve caretakers and support persons, as well as policies on visitation, should use broad definitions so that partners, children, and friends who have no legal status as family can be included when the patient wishes them to be. Such policies might also explicitly allow patients to receive visitors and name support persons without having to declare the nature of their relationship. As with the non-discrimination policies, visibly posting these policies is another signal to LGBTQIA+ people that your organization affirms, welcomes, and values their presence in support of delivering high-quality, patient-centered care.



THE PHYSICAL AND VIRTUAL ENVIRONMENT WELCOMES LGBTQIA+ PEOPLE

Upon entering a health care facility, patients look for signs and clues of diversity and openness to LGBTQIA+ 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? Consider the virtual spaces that patients visit as well, such as your website and social media feeds. Specific questions you might ask include: Do the images on your health education materials, website, social media accounts, patient engagement tools, or marketing products include LGBTQIA+ symbols, diverse gender expressions, same-gender couples, and LGBTQIA+ families? Do you develop health education materials specific to LGBTQIA+ people? Do you offer brochures and other resource materials from local LGBTQIA+ organizations? Do your waiting areas have local or national magazines or other reading materials that discuss LGBTQIA+ issues? Do you post articles or hang posters during Pride month (June)?

In addition to having a gender-inclusive restroom policy, as described above, you can consider physical changes to restrooms that provide more safety and privacy for patients. If the physical set-up of your building allows, you can offer one or more single-occupant restroom facilities that have gender restrictions. To enhance privacy of multiple-occupant, gender-separated restroom facilities, you can consider covering gaps between the door and the stall wall, and extending stall doors and walls so that they reach from floor to ceiling.



FORMS REFLECT LGBTQIA+ PEOPLE & THEIR RELATIONSHIPS

We recommend reviewing all health center forms for inclusivity related to relationship status, gender identity, and sexual orientation. In registration and social history forms, we encourage you to reframe marital status questions as relationship status questions, and to use gender inclusive response items such as spouse/partner instead of wife/husband. Ask for names of parent(s)/guardian(s) rather than mother/father.

In medical history forms, avoid specifying sections as applicable to only men or only women. Patients may have different body parts due to surgeries or hormones that may not align with traditional conceptions of female or male. It is better to provide patients with the option to check “not applicable.” In addition, sexual history questions should not assume that every sexually active person requires contraception, or that sex is defined by penile-vaginal intercourse.



PARTNERSHIPS WITH THE LGBTQIA+ COMMUNITY

Engaging with local LGBTQIA+ community organizations and individuals helps to build awareness of your health center's commitment to caring for the community. Efforts may include hosting community events in collaboration with local organizations; recognizing LGBTQIA+ awareness days such as National Coming out Day (October 11) , Transgender Day of Remembrance (November 20), and LGBT Health Week (March, weeks vary); organizing a group to march in the community's annual Pride parade (June); inviting diverse LGBTQIA+ people to join your health center's governing and community advisory boards; and getting involved with local issues of importance to the LGBTQIA+ community. You can assess the needs of the LGBTQIA+ community in your local area by holding focus groups, administering surveys at LGBTQIA+ events, and talking with key LGBTQIA+ stakeholders and community leaders.



ALL STAFF RECEIVE TRAINING ON AFFIRMING COMMUNICATION AND CARE

To facilitate respectful communication with LGBTQIA+ patients, all staff should receive training on LGBTQIA+ health disparities and affirming communication. Training is essential not only for administrators and clinical providers, but also for non-clinical staff, especially those who have patient contact, such as outreach workers, registration and front-desk staff, billing and insurance staff, and security personnel. Clinical providers may also need additional training specific to their practice and the populations they serve. The National LGBTQIA+ Health Education Center (www.lgbtqihealtheducation.org) offers free and low-cost online and in-person training with continuing education credit on the full range of LGBTQIA+ health care, including behavioral health, sexual and reproductive health, transgender and gender diverse clinical care, HIV prevention and treatment, and care specific to children, adolescents, and older adults.



SEXUAL ORIENTATION AND GENDER IDENTITY DATA ARE COLLECTED AND USED TO IMPROVE HEALTH OUTCOMES

Asking about sexual orientation and gender identity (SOGI) enhances patient-provider communication and facilitates appropriate screening and counseling. When collected in a standardized way, such as through registration forms and in electronic health records (EHRs), SOGI data allow organizations to monitor the quality of care they are providing to LGBTQIA+ patients. For example, health centers can create dashboards that report on key preventive health measures and outcomes by SOGI to look for disparities. SOGI can also be tied to algorithms for clinical decision support. Adding SOGI demographic questions to patient satisfaction surveys is another way to assess and ultimately improve overall clinical care quality and outcomes for LGBTQIA+ patients.

To promote effective and respectful communication, health centers should also collect information on patients' pronouns and names. Pronouns are the words people use when they are referring to you without using your name (e.g., she/her/hers, he/him/his, they/them/theirs). Some gender diverse people have pronouns that may be unfamiliar to staff, such as ze/hir/hirs. The name a person uses may differ from the name on their insurance or government-issued documents (e.g., birth certificate, driver's license). It is therefore important for health care staff to learn and consistently use each patient's name and pronouns when speaking with or about that patient. Names on insurance and medical records should be used for billing and legal purposes only.



ALL PATIENTS RECEIVE ROUTINE AND INCLUSIVE SEXUAL HEALTH HISTORIES

Taking a routine history of sexual health should be part of the comprehensive history for all adolescent and adult patients. Start the conversation by stating that you ask these questions of all patients in order to provide appropriate care. This opening helps to normalize the conversation. Asking inclusive questions that avoid assumptions, such as “Are you in a relationship?” and “What are the gender or genders of your sexual partners?” invites patients to feel more comfortable disclosing sexual behavior and any related questions or concerns. The answers to these questions can then guide the clinician to ask about specific sexual activities relevant to pregnancy prevention, and to HIV and sexually transmitted infection (STI) prevention, screening, and testing. Discussions of sexual health should allow patients to also talk about sexual function, satisfaction, desires, trauma or abuse, and family planning.



CLINICAL CARE & SERVICES MEET LGBTQIA+ HEALTH CARE NEEDS

LGBTQIA+ people need the same health care and services as all patients. However, certain LGBTQIA+ subpopulations have specific and unique health care needs.

Prevention and screening

Gay, bisexual, and other men who have sex with men and transgender women have an increased risk of acquiring HIV and other STIs.⁵ These patients require culturally responsive testing and prevention services according to Centers for Disease Control and Prevention guidelines for special populations.⁷ Health centers can also offer patients at increased risk of HIV infection access to post- and pre-exposure prophylaxis (PEP and PrEP) to prevent HIV.^{8,9}

Lesbian, bisexual, and other women who have sex with women and transgender men are less likely than heterosexual cisgender women to be screened regularly for cervical cancer despite equivalent risk.^{10,11} Quality assurance and improvement programs can be developed to ensure these populations receive culturally responsive and trauma informed cervical cancer screening according to current guidelines for all people who retain a cervix.¹²

Gender-affirming care

Many transgender and gender diverse patients seek gender-affirming hormone therapy and referral to surgery. Clinicians can access training and standard of care protocols for transgender health care from several national and international organizations focused on gender-affirming care (see Resources).

Family planning and reproductive options

LGBTQIA+ patients who are interested in growing their families may need help with exploring options for adoption, fostering, surrogacy, insemination, and fertility preservation. Organizations can offer counseling and referrals to agencies to support LGBTQIA+ people interested in becoming parents.

Behavioral health care

LGBTQIA+ people have an increased risk of depression, anxiety, suicidality, smoking, and substance use disorders compared to the general population.¹³ Organizations can offer a range of behavioral health services to meet the needs of LGBTQIA+ patients with mental health and substance use disorders, including individual counseling, support groups, medication assisted treatment, violence prevention and response programs, and trauma-informed care. Clinicians should be trained to provide affirming treatment based on minority stress principles (i.e., the concept that ongoing stigma-related stress produces negative health outcomes).¹⁴ If your organization does not have these services, it is important to build referral partnerships with agencies that do.

10

LGBTQIA+ PEOPLE ARE RECRUITED AND RETAINED

Recruitment

Health centers can aim to hire clinical providers who are either already proficient in LGBTQIA+ health care, or who demonstrate a strong interest in becoming proficient. Depending on the need, a career listing can name a specific skill you are seeking, such as experience in providing gender-affirming hormone therapy. Because few graduate medical programs offer LGBTQIA+ health care training, however, clinicians may need to access continuing education training opportunities and mentorships to learn these skills.

Health centers can also seek to hire a workforce that reflects the diversity of identities within the LGBTQIA+ community. This may be accomplished by adding language(s) to job postings that encourages linguistically diverse LGBTQIA+ people to apply, and by placing listings in culturally and linguistically diverse LGBTQIA+ periodicals and websites.

Retention

To achieve a safe and supportive workplace for LGBTQIA+ employees, it is important to implement protocols and programs that promote equity and community. For example, organizations can start an LGBTQIA+ employee affinity group; expand benefits to unmarried partners and chosen families; develop administrative guidelines to support employees who are going through the process of gender affirmation; and ensure that employee health insurance plans cover gender-affirming treatments.

CONCLUSION

Organizational changes—both big and small—can go a long way towards overcoming barriers that prevent LGBTQIA+ patients and their families from accessing acceptable high-quality health care. We hope these ten strategies will help guide you in your efforts to provide welcoming, inclusive, and affirming care and services to LGBTQIA+ people in your community. For further reading, see the resources and references below.

RESOURCES

The National LGBTQIA+ Health Education Center

- Resources for creating affirming health care environments:
www.lgbtqihealtheducation.org/resources/in/organizational-change/
- Resources for SOGI data collection:
www.lgbtqihealtheducation.org/resources/in/collecting-sexual-orientation-and-gender-identity-data/

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.

<http://www.jointcommission.org/lgbt>

Human Rights Campaign Healthcare Equality Index

www.hrc.org/resources/healthcare-equality-index

Center of Excellence for Transgender Health Primary Care Protocols

transhealth.ucsf.edu

World Professional Association for Transgender Health: Standards of Care

www.wpath.org

ACKNOWLEDGMENTS

This publication is an update to “Ten Things for Creating Inclusive Health Care Environments for LGBT People,” published in June 2015.

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of awards as follows: U30CS22742 totaling \$700,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.

REFERENCES

1. Health Resources and Services Administration. Uniform Data System. 2019 Health Center Data. <https://data.hrsa.gov/tools/data-reporting/program-data/national>
2. James S, Herman J, Rankin S, Keisling M, Mottet L, Anafi M. The report of the 2015 US Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016.
3. 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.
4. When health care isn't caring: Lambda Legal's Survey of Discrimination against LGBT People and People with HIV. New York: Lambda Legal, 2010.
5. Burgess D, Tran A, Lee R, van Ryn M. Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual and transgender persons. *J LGBT Health Res.* 2007;3(4):1-14.
6. Institute of Medicine Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: National Academies Press; 2011.
7. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. <https://www.cdc.gov/std/tg2015/default.htm>
8. Centers for Disease Control and Prevention. Post-exposure prophylaxis (PEP) <https://www.cdc.gov/hiv/risk/pep/index.html>
9. Centers for Disease Control and Prevention. Pre-Exposure prophylaxis (PrEP). <https://www.cdc.gov/hiv/risk/prep/index.html>
10. Tracy JK, Schluterman NH, Greenberg DR. Understanding cervical cancer screening among lesbians: a national survey. *BMC Public Health.* 2013;13:442.
11. Dhillon N, Oliffe JL, Kelly MT, Krist J. Bridging Barriers to Cervical Cancer Screening in Transgender Men: A Scoping Review. *Am J Mens Health.* 2020;14(3):1557988320925691.
12. U.S. Preventive Services Task Force. Cervical cancer: screening. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>
13. Ploderl M, Tremblay P. Mental health of sexual minorities. A systematic review. *Int Rev Psychiatry.* 2015;27(5):367-85.
14. Pachankis JE. Uncovering clinical principles and techniques to address minority stress, mental health, and related health risks among gay and bisexual men. *Clin Psychol (New York).* 2014;21(4):313-30.