Creating an LGBTQ+ Affirming Environment to Improve Patient Care

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Disclosure

• No conflicts. No disclosures

• I work in adult health care; no experience with children or adolescents
By the end of this presentation, learners will be able to –

1. Explain why an affirming environment is important for engaging LGBTQ+ patients in BCM FCM.

2. Identify 3-4 strategies for creating an LGBTQ+ affirming environment.

3. Find resources for additional information about LGBTQ+ health and affirming environments.
What LGBTQ+ Means

• **LGBTQ+** = Lesbian, Gay, Bisexual, Transgender, and Queer identities; ‘+’ sign captures identities beyond LGBTQ; e.g., pansexual, asexual, nonbinary, and those who are still deciding

• **LGBQ** groups related by **sexual orientation**

• Transgender and gender diverse (TGD) people related by **gender identity**

• **Cisgender**

5.6% of American adults (18.6M) identify as LGBTQ

Gallup Poll, 2021
Why an Affirming Environment for LGBTQ+ People

• Historical and current stigma and discrimination creates an unwelcoming / biased healthcare environment.
  • Medical profession’s historical participation in pathologizing homosexuality and gender diversity
  • Social stigma, judgement, discrimination (e.g., refusing care)
  • Cisgendering and heterosexualizing everyone
  • Lack of knowledge among physicians about LGBTQ+ health
  • Sexual and gender minority stress contributes to health disparities among LGBTQ+ people
    • As a group, LGBTQ+ people experience higher rates of several health conditions compared to non-LGBTQ+ people
    • Subgroup and ethnic minority differences

• An affirming environment is supportive, engaging, patient-centered.
Health Disparities among LGBTQ+ People

• Compared to non-LGBTQ people, generally higher rates of –
  Depression (2x) Suicidal ideation/attempts (2x)
  Anxiety/stress Problem drinking
  Smoking Exposure to violence
  Heart disease/hypertension Sexual assault in the military (Veterans)

*Higher risks for bisexuals and ethnic minorities*

Citations for this slide and next
Health Disparities among LGBTQ+ People

• Lesbian and bisexual women experience higher rates of childhood and adult sexual assault, obesity, problem drinking

• Gay and bisexual men experience higher rates of substance abuse, HIV, eating disorders

• Transgender and gender diverse people experience higher rates of homelessness, exposure to violence/PTSD, HIV
What Makes an Affirming Environment?

• What is in the space
  ✓ What patients see and what they perceive
• What staff and clinicians do
  ✓ Interactions with patients

• Conduct an environmental scan in your clinic: What would LGBTQ+ patients see or experience in the healthcare environment that would make them feel welcome and affirmed?
What Does This Environment Say to LGBTQ+ People?
Obstacles in Creating an Affirming Environment

• Don’t really think it’s important
• Don’t have permission/authority to do this; agency rules
• Somebody has to do it; not my job
• Change is hard; status quo is easy
• It takes time; effort; resources
• Not always clear what needs to be done; don’t know what to do
• I might make a mistake
Setting the Stage for Affirming Strategies

• Most people want to do the right thing; not always easy to know what to do
• Words/actions communicate a message, intended or not
• Choose your message
• Strive to take affirming actions and use (gender) affirming language
• Language is ever-evolving and you will make mistakes; apologize and move on
Affirming Strategies: Environment
Affirming Strategies: BCM Websites

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In keeping with the Institution’s commitment to diversity, inclusion, and equity, the Department of Family & Community Medicine strives to create and sustain a culture that reflects the values of integrity, respect, teamwork, innovation, and excellence. We provide comprehensive, patient-centered care to individuals and families in the communities we serve.
Affirming Strategies: Healthcare Equality Index

- Participate in the Healthcare Equality Index (HEI) survey
  - Self-assessment of how responsive your agency is to the cultural and health needs of LGBTQ+ patients and employees
  - **Leader** or **Top Performer** status
• Training is for everyone!
  • Administrative staff give the first and last impression
• What you do and say (or don’t say) matters; same for administrative staff
Affirming Strategies: Identities, Documentation, Health

• **Ask** all patients about identity information: e.g., name used, gender identity, pronouns, sexual orientation identity
  • Identity information frames how to address the patient

• **Document** this information in the health record (visible to staff)

• **Conduct** appropriate follow-up based on population health risks and voiced concerns
  • Sexual orientation and gender identity frame how to assess health risks
Affirming Strategies: Preferred Name & Pronouns

• Collect this information on intake forms/screens, tablets/kiosks, at check-in, and during staff and clinician interactions with patient

• Avoid “gendering” the individual until they state their gender identity

✓ **Preferred name** – “What name do you go by? What name would you like me to use for you?”

✓ **Pronouns** – gender referents: masculine, feminine, gender neutral, some combination, neo-pronouns; we all choose our pronouns – “What pronouns do you use? What pronouns should I use for you?”
• Sharing pronouns makes it normative.

• Signal that you welcome gender diverse patients to BCM FCM when introducing yourself – give your preferred name and state your gender pronouns.

  o “Hello, I’m Dr. Michael Kauth. Please call me Michael/Dr. Kauth. I use ‘he/him/his’ pronouns.”

  o “The name I have listed for you is Sam Smith. What name would you like me to use? What pronouns do you use?”

  o “What name do you go by? What name and pronouns should I use in my notes?”
Affirming Strategies: Pronouns

• If more explanation is needed –
  o “Some people describe themselves as a man, woman, nonbinary, genderqueer. How do you describe your gender/yourself?”

  o “Pronouns refer to gender and how people view themselves: e.g., people with masculine identities often use ‘he, his, him’ pronouns. What pronouns do you use?”
• When you accidentally misgender someone, sincerely apologize and move on:
  o “I’m sorry. I said ‘Mr.’ when I should have said ‘Ms.’”
  o “I’m sorry. I used the wrong name. I know you prefer to go by Samantha. That won’t happen again.”

• Don’t drag out the apology
Affirming Strategies: Birth Sex and Gender Identity

• **Birth Sex** – sex assigned at birth; usually based on visual inspection; sometimes functions as “sex for clinical use”:
  - Male
  - Female
  - Unknown/intersex

• **Gender Identity** – person’s deeply felt, inherent sense of being:
  - Man/male
  - Woman/female
  - Transgender man
  - Transgender woman
  - Non-binary
  - Another term __________
  - Prefer not to answer

*Note: Both concepts are connected to health*
• Early in the session, I like to confirm gender identity
  o “I see in the health record that your sex assigned at birth is listed as ‘male’, but I don’t see gender identity information. Do you think of yourself as ‘male’, ‘female’, ‘transgender man’, ‘transgender woman’, or is there another term that you use to describe yourself?”

  o “It’s OK to choose not to answer at this time. We can come back to this later.”
Gender Bread Person

Image Source:

Based on a model by Trans Student Educational Resources (TSER). Revised by Arturo Agüero Vásquez and the GSC Education Program.
Early in the session or during sexual health assessment, I ask about sexual orientation identity

- “Sexual orientation is also connected to health in several ways. Nearly everyone is sexually active in their lifetime, and everyone has a sexual orientation. So let me ask – Do you think of yourself as ‘lesbian/gay’, ‘bisexual’, ‘straight or heterosexual’, ‘queer’, or is there another term that you use to describe yourself?”

- “It’s OK to choose not to answer at this time. We can come back to this later.”
Affirming Strategies: Sexual Health Assessment

• Normalize the sexual health assessment

• Elements of a brief history of sexual health
  
  **The Six P’s (CDC/WHO):**
  1. Partners (gender, #)
  2. Practices (sexual behaviors)
  3. Past history of STIs
  4. Protection from STIs (condoms, PrEP)
  5. Pregnancy prevention / planning
  6. **Pleasure (satisfaction, pain, coercion)**

  Note: Doesn’t need to be completed in one visit
• Most common problems: lack of desire, decreased sexual frequency, difficulty getting/maintaining an erection, difficulty reaching orgasm

• If something new or unusual, document the problem, how long it has gone on, level of patient’s distress, and patient goals

• Read up; consult with someone more experienced

• Refer if necessary
• BCM Office of Diversity, Equity & Inclusion and DEI Council
• VHA trainings on LGBTQ Veterans via VHA TRAIN (free public health platform)
• VHA LGBTQ+ Health Program Fact Sheets, etc.: VHA LGBTQ Health
• CDC: LGBT Health and Sexual Health
• Montrose Center, Houston, TX
• Legacy Community Health Center, Houston, TX
• Fenway Health Institute, National LGBT Health Education Center
• Wherever you go for expert help/consultation