

Care of the LGBTQIA+ Community

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Objectives

- Why do we need cultural sensitivity training and why is it important?
 - Discrimination/Barriers to care
- Demographics
- Terminology
- Preventative Health
- Communication tips
- Resources



Why Is This Important?

- LGBTQ+ people experience discrimination or prejudice from **healthcare staff** when seeking care
- Bad experiences are a big reason why LGBTQ+ people **DO NOT** seek medical care
- Many report that they look for “**clues**” when arriving at a healthcare facility:
 - The way they are greeted by staff
 - If there are single occupancy or gender-neutral bathrooms



Demographics

- LGBTQ+ youth
 - 4x more likely to attempt suicide
 - 20 to 40% more likely to be homeless
 - At higher risk of STIs & HIV
- Gay and bisexual men, as well as transgender women are at much **higher risk of HIV & STIs**
 - Especially apparent amongst **communities of color** (African American, LatinX)
 - Lesbians are **less likely** to access preventative services for cancer
 - 5.1% of women identify as LGBTQ+, compared to 3.9% of men
 - LGBTQ+ identification is lower among **older generations**, but it still exists!

Demographics

- **Transgender:** 50% of 6450 trans respondents reported their medical providers were **not** adequately prepared to respond to their specific healthcare needs
- **Best current estimate ~ 1 million Americans are transgender**
 - 390 per 100,000 adults, i.e 1 in every 250 adults
 - A full panel for each Primary Care physician is ~2000 patients, which would be on average about 8 transgender patients/physicians
- Lifetime suicide attempt rate for general population vs. transgender population: **4.6% vs. 40%**

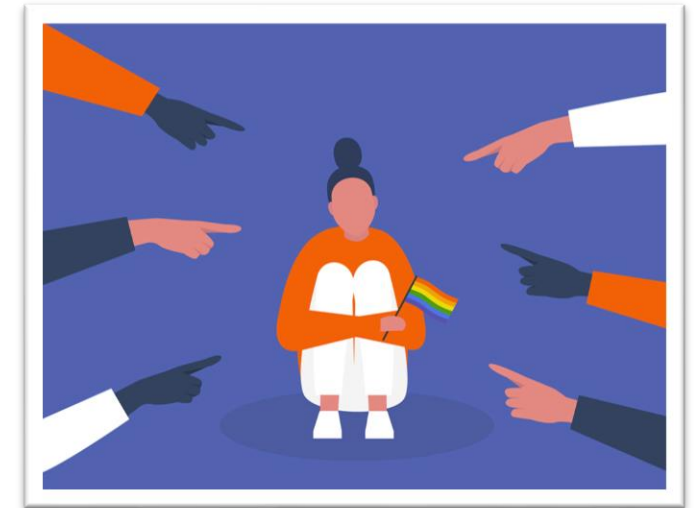
LGBTQ+ Health Disparities

- High comorbidity of mental health conditions
 - Anxiety & depression
- Substance use, i.e. recreational drugs & ETOH abuse
 - Higher rates of tobacco use vs. general (30% vs. 20%, respectively)
- Lack of familial/community support
- Poverty
- Homelessness
- Harassment & stigma
- Lack of legal protection
- Identity documentation (trans)
- Barriers to healthcare



Statistics: Barriers To Care & Discrimination

- **Among LGBTQ+ people:**
 - 39% rejected by a family member or friend
 - 30% threatened or physically assaulted
 - 21% treated unfairly by an employer
 - 30% of youth missed at least one day of school in the last month because they felt uncomfortable or unsafe



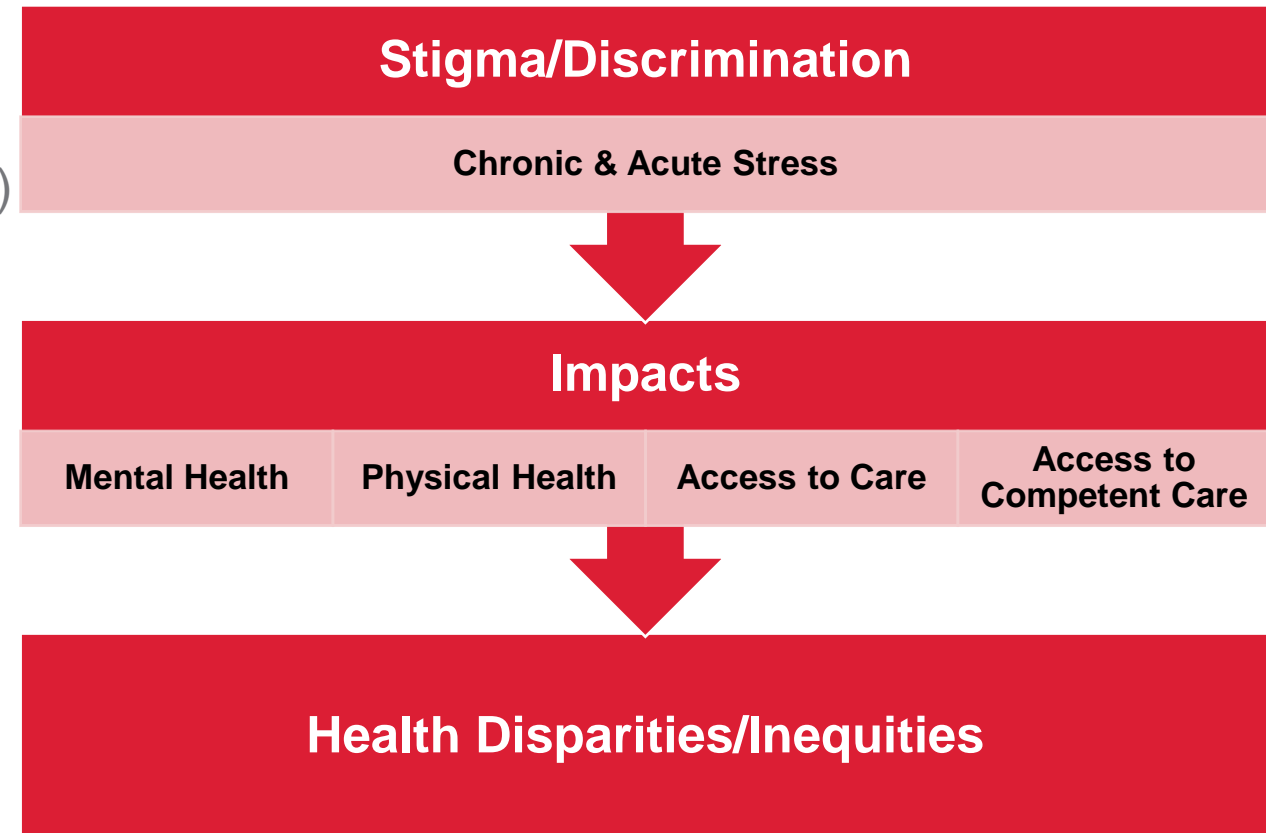
Statistics: Barriers To Care & Discrimination

- **Among transgender people:**
 - 61% physical assaulted
 - 55% lost a job due to bias
 - 30% homelessness at some point
 - 12% homelessness in past year
 - 3x unemployment rate of general population
 - 4x unemployment rate for people of colors



Discrimination In Healthcare

- **LGBTQ+ patients report that providers:**
 - Refused to see them because of their perceived or actual sexual orientation (8%)
 - Used unwanted physical contact (7%)
 - Used harsh or abusive language (9%)
- **Transgender patients report:**
 - Being harassed in a doctor's office (25%)
 - Being denied medical care (29%)



Resilience In the LGBTQ+ Community



Despite the many challenges that LGBTQ+ people face, most LGBTQ+ people are resilient and come to lead healthy and happy lives.

How Can We Make A Difference?

- Educate ourselves
- Spread to our teams



What is LGBTQ+ Inclusive Care?

LGBTQIA community organized by sexual orientation

- **L** – Lesbian
- **G** – Gay
- **B** – Bisexual
- **T** – Transgender
- **Q** – Queer or Questioning
- **I** – Intersex
- **A** - Asexual

How is gender-affirming care different?

- Intention to offer culturally competent care
- Emphasis on individual's gender (female, male, non-binary) – regardless of sexuality
 - Applies to all sexual orientations
- Transgender population is highly affected by being mis-gendered
- Unique healthcare needs



Basic Concepts: SEX

- **Sex:** natal; binary i.e. male or female
 - chromosomes, hormones, and anatomic characteristics
- for transgender people, it's often important not to use phrases i.e. “biological sex” or “born a boy/girl” but rather “**i.e. sex assigned at birth**”
- **Intersex** (umbrella term, formerly “hermaphrodite”)
 - describes a wide range of natural bodily variations
 - born with sex characteristics (i.e. genitals,

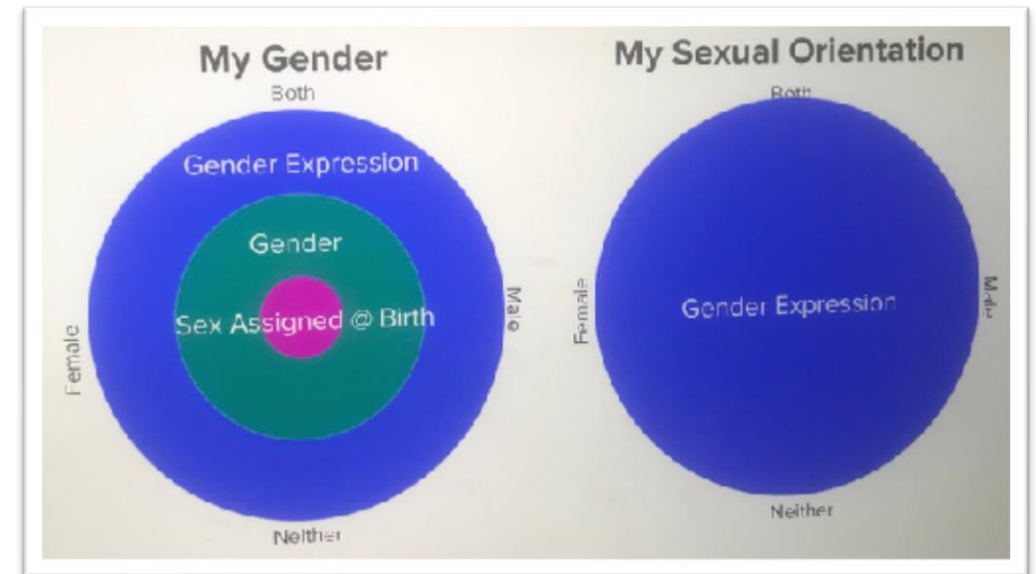
gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies

- some traits visible at birth, other at puberty; some variations not physically apparent at all
- expert estimate ~0.05-1.7% of population born with intersex traits



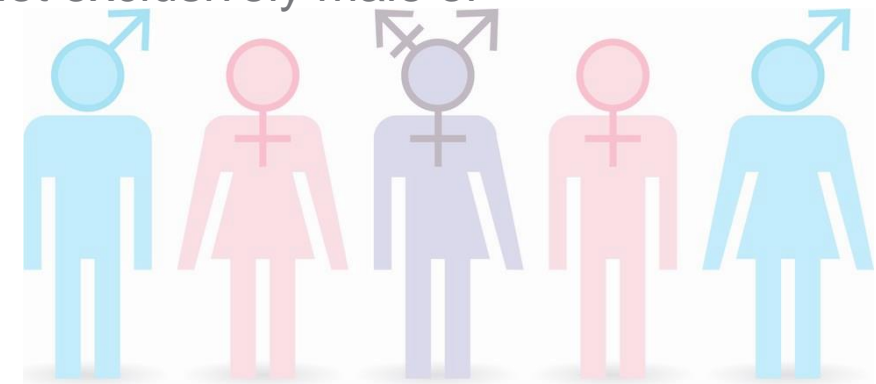
Basic Concepts: GENDER

- **Gender identity:** “individual’s personal **sense of self** as male or female”
- **Gender expression:** biological, cognitive, & social (usually determined by age 4 or 5)
 - personal & social attributes recognized as masculine or feminine.
 - relates to one’s activities, interests, use of symbols, styles or other personal & social
 - attributes that are recognized as masculine or feminine i.e. dress, speech &/or
 - mannerisms



Terminology

- **Cis-gendered:** person whose self identity corresponds to sex assigned at birth (non-transgender)
- **Gender discordance:** disjunction between gender identity & sex person was assigned at birth
- **Transgender:** gender identity that is opposite of their natal sex
- **non-binary/gender fluid:** some have a gender identity that is not exclusively male or female but somewhere along the spectrum



What is queer?

- An increasing number of people, especially youth, identify themselves as queer
- Queer usually means having a sexual orientation that is something other than heterosexual
- Although queer has traditionally been an insult, many use this term with pride
- However, the term queer is not embraced or used by all members of the LGBTQ+ community; and if you yourself are not part of the community, in general it is inappropriate to use this term as a staff/provider

Terms & Gender-neutral Pronouns

- **Trans man (formerly FTM)**
 - assigned female sex at birth and who now identifies as male
- **Trans woman (formerly MTF)**
 - assigned male sex and birth and now identifies as female
- **Gender fluid, gender variant, genderqueer**
 - blurs or bends gender binary, identifies outside the gender binary (neither male nor female gender) and or identifies as both male and female

	Subject	Object	Pronoun	Pronunciation
Gender Binary	she	her	hers	as it looks
	he	him	his	as it looks
Gender Neutral	they*	them*	their*	as it looks
	ze	hir	hirs	zhee, here, heres
	ze	zir	zirs	zhee, zhere, zheres
	xe	xem	xyr	zhee, zhem, zhere

**used as singular*

Cancer Prevention For Lesbians & Bisexual Women: Cervical Cancer & Breast Cancer

- Rates of cervical cancer are as high for lesbians and bisexual women as for heterosexual women
- Studies have found that lesbians have significantly lower cervical cancer screening rates
- A recent study from NYC indicates that lesbian/bisexual women over 40 are significantly less likely to have had a mammogram than heterosexual women
- Educational programs should emphasize the need for women who exclusively have sex with women, and bisexual women, should be screened according to usual guidelines



5 Ps Of Detailed Sexual Health Assessment

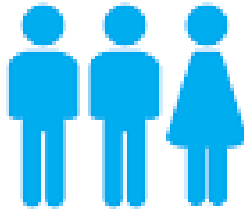
1) Partners

2) Practices

3) Past history of STDs

4) Protection from STDs

5) Pregnancy plans



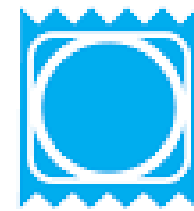
Partners



Practices



Past History
of STDs



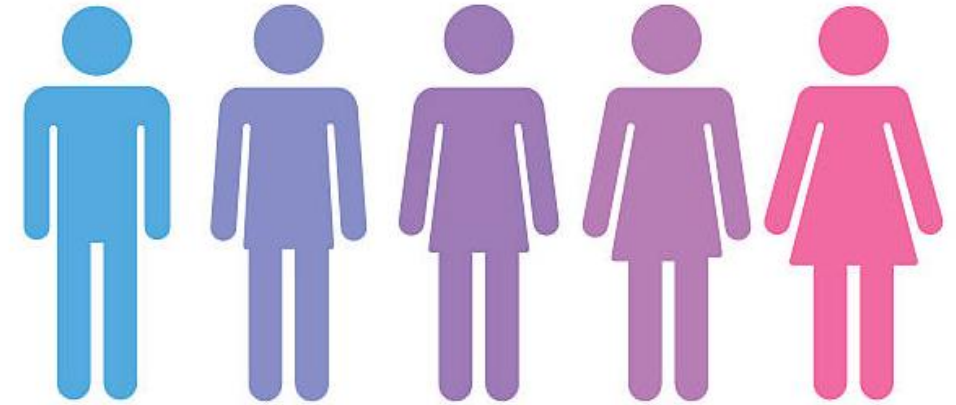
Protection
from STDs



Pregnancy
Plans

Transgender Health: What Does It Mean To “Transition”?

- **Period that a person “transitions” from one gender to another**
 - becoming out to oneself and accepting oneself as a different gender
 - coming out to friends/family/coworkers
 - changing legal documents to reflect a different gender and name
 - undergoing cross-sex HRT and other gender affirming procedures



Case Scenario



This patient comes in for an imaging exam of the left knee. What is your process?

This is Thomas Beatie. He identifies as a transgender man and has internal reproductive organs. You must ask about pregnancy status.

Thomas Beatie
"Thomas"
Male, age in years
1/1/1982
MRN: 12345678
Preferred Language: English

Thomas Beatie

Legal Name: Thomas Beatie
38 years old, 1/1/1982
Pronouns: he/him/his
Gender Identity: Male (Sensitive)
Legal Sex: Male (Sensitive)
Sex Assigned at Birth: Female (Sensitive)
Occupation: EIS

MRN: 12345678

Home Phone: 555-555-5555
Work Phone: 444-444-4444
Mobile: 333-333-3333

Imaging Registration Questionnaire

Welcome to the Imaging Department. It is the professional duty of our technologists to protect you as best they can, and as best as your exam allows, from any unnecessary exposure. This protection includes shielding reproductive tissue whenever possible.

By completing this form, you will help us determine how we can best protect you during your x-ray today. When finished please return to the technologist. If you have any questions or concerns, please address them with your technologist prior to beginning the exam.

1. Name as it appears on your medical records _____
2. Preferred name _____
3. Preferred pronoun: he/him she/her they/them other _____
4. For shielding and radiation protective practices, where are your reproductive organs located?
 - ☐ I do not have any reproductive organs
 - ☐ External
 - ☐ Internal *please see next question*
 - ☐ (Please circle one) Is there any possibility of pregnancy?
Yes/NoIf no, when was the start date of your last menstrual cycle _____

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Fertility Considerations

- Important for patient to know fertility/make reproductive options prior to starting HT/surgery to remove/alter their reproductive organs, since these therapies directly affect & limit fertility, & are often **irreversible**
- **trans women**
 - **sperm preservation-bank** prior to starting HT, even if poor semen quality
- **trans men**
 - **oocyte (egg) or embryo freezing**, also prior to HT
- **CAN BE COSTLY**—anywhere from \$5,000-\$13,000 upfront, with annual storage fees



Transwomen

- **Following changes are expected to occur:**
 - breast growth (variable)
 - decreased erectile function
 - decreased testicular size
 - increased percentage of body fat compared to muscle mass
- **Medications**
 - estrogens, spironolactone, 5-alpha reductase inhibitors, GnRH agonists, cyproterone acetate, progestins



Transmen

- **Following changes are expected to occur:**
 - deepened voice
 - clitoral enlargement (variable)
 - growth in facial and body hair
 - cessation of menses
 - atrophy of breast tissue
 - decreased percentage of body fat compared to muscle mass
- **Medications**
 - testosterone, depo-provera, GnRH agonists



Preventative Health Considerations

- The majority of transgender men do not undergo complete sex reassignment surgery and still retain a cervix if a total hysterectomy is not performed
- Cancers of female natal reproductive organs still possible i.e. cervical cancer in trans men
 - Trans men with cervix should follow same screening guidelines as cis females
 - However, Pap tests can be difficult for transgender men for a number of reasons; therefore, sensitivity to these unique barriers is important while still emphasizing the importance of routine screening



What can we all do starting this afternoon?

- A key principle of effective communication is to **avoid making assumptions**:
- **Don't assume** you know a person's gender identity or sexual orientation based on how they look or sound
- **Don't assume** you know how a person wants to describe themselves or their partners
- **Don't assume** all of your patients are heterosexual and cisgender (not transgender)

What can we all do starting this afternoon?

- Get to know your patients as a **person** (i.e. jobs, partners, children, living circumstances)
- Use **inclusive and neutral language** (examples next slide)
- Listen to how people describe their own identities and partners
 - use same terms, if comfortable and appropriate
- Each individual is **unique**, if you know one LGBTQ+ person, you only know ONE LGBTQ+ person—**do not generalize**

What can we all do starting this afternoon?

- **Using identity terms when appropriate:**
 - It is important to listen to, understand, and mirror the terms that patients use to describe themselves
 - Keep in mind that some people do not like to use any terms to describe their sexual orientation or gender identity

Avoid these outdated terms	Consider these terms instead
Homosexual	Gay, lesbian, bisexual, or LGBTQ+
Transvestite; transgendered	Transgender
Sexual preference; lifestyle choice	Sexual orientation

What can we all do starting this afternoon?

- To avoid making assumptions about gender identity or sexual orientation with new patients, use gender-neutral terms and avoid using pronouns. For example:

Instead of	Say
<i>How may I help you, sir?"</i>	How may I help you?"
<i>She is here for her appointment.</i>	The patient is here in the waiting room.
<i>What are your mother and fathers' names?</i>	What are your parent(s) or guardian(s)' names?
<i>Do you have a wife?</i>	Are you in a relationship? or Do you have a partner?



What can we all do starting this afternoon?

- Another key principle of effective communication is to use **patients' preferred/chosen names and pronouns**
- Transgender people often change their name to affirm their gender identity
- This name is sometimes different than what is on their insurance or identity documents
- If you are unsure about a patient's preferred name or pronouns:
 - *"I would like be respectful—what name and pronouns would you like me to use?"*
- If a patient's name doesn't match insurance or medical records:
 - *"Could your chart/insurance be under a different name?"*
 - *"What is the name on your insurance?"*
- If you accidentally use the wrong term or pronoun:
 - *"I'm sorry. I didn't mean to be disrespectful."*



What can we all do starting this afternoon?

- **Don't** laugh or gossip about a patient's appearance or behavior
- **Don't** use stereotypes or ask questions that are not necessary for care. Examples of "don't s":
 - "You're so pretty! I cannot believe you are a lesbian."
 - "Are you sure you're bisexual? Maybe you just haven't made up your mind yet."
 - "I see you checked 'gay' on your registration form. How's the club scene these days?"
 - "You look just like a real woman. You really pass."

What can we all do starting this afternoon?

- Registration forms should have a space for patients to enter their preferred name and pronouns
- This information should also be included in medical records
- A patient's pronouns and preferred name should be used consistently by all staff
- Creating an environment of accountability and respect requires everyone to work together
- Don't be afraid to politely correct your colleagues if they make a mistake or make insensitive comments
 - “Those kinds of comments are hurtful to others and do not create a respectful work environment.”
 - “My understanding is that this patient prefers to be called ‘Jane’, not ‘John’.”

LGBTQ+ Resources For Providers

- AltaMed: Sin Verguenza, La Telenovela
- American Academy of Child & Adolescent Psychiatry (AAP)
- Association of Gay and Lesbian Psychiatrists (AGLP)
- Endocrine Society
- Family Acceptance Project
- FENWAY-Guide to lesbian, gay, and transgender health. 2nd edition (discount through ACP membership)
- Gay and Lesbian Medical Association (GLMA)
- Human Right Campaign
- PrideCAPA
- National LGBT Health Education Center: A Program of the Fenway Institute
- UCSF Transgender guidelines
- World Professional Association for Transgender Health (WPATH) SOC 7

Cedars-Sinai Transgender Surgery & Health

- Patient education
- Comprehensive male to female and female-to-male gender affirming surgeries
- Urologic surgery
- Plastic surgery
- ENT and facial surgery
- Colorectal reconstructive surgery
- Radiology diagnostic and surgical planning
- Adolescent medicine
- Geriatric transgender medical and surgical care
- Infectious disease care/HIV specialty care
- Vocal cord and speech therapy
- Dermatology and permanent hair removal
- Fertility preservation

