

LGBTQ+ Health: Ensuring Awareness & Understanding in Education and Practice

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The University of Vermont
COLLEGE OF MEDICINE

THE
University of Vermont
MEDICAL CENTER

Goals for LGBTQI+ Health Care Initiatives



- Improving health care and health care environment for all individuals
- Making health care and health care environment inclusive

Overview of LBGTQI+ Health Care

- Diversity and inclusion drives excellence as we can take better care of all individuals
- Despite progress, disparities still persist
- Continue to implement curricular and institutional changes to improve health care.

Integration in an Inclusive Environment

- Broad institutional engagement
- Inclusive nondiscriminatory policies & practices
- Valuing and celebrating diversity
- Community outreach and engagement
- Technological infrastructure to support commitment to diversity

* AAMC LGBT Health

LGBTQIA Definitions

- L: Lesbian
- G: Gay
- B: Bisexual
- T: Transgender
- Q: (Gender)Queer, Questioning, Gender non-conforming
- I: Intersex (persons born with differences of sexual development (DSD))
- A: Asexual/ Ally

It's Complex

Biologic Sex (<i>genitals</i>)	Gender Identity (<i>mind</i>)	Gender Expression (<i>presentation</i>)	Sexual orientation (<i>attraction</i>)
Male	(cis) Man	Masculine	Heterosexual
Female	(cis) Woman	Feminine	Gay
Intersex	Transman	Androgynous	Lesbian
	Transwoman	Mannerisms	Bisexual
	Genderqueer	Speech	Asexual
	Nonconforming	Walk	Pansexual

UVM Medical Center Approach

3 items to be discussed

- Human Rights Campaign's (HRC) Health Equality Index (HEI)
- Electronic Health Record (EHR)
- Future Initiatives

HEALTHCARE EQUALITY INDEX

HRC'S 2014 HEALTHCARE EQUALITY INDEX

Find out how your
healthcare facility ranked
on LGBT patient equality



The Healthcare Equality Index (HEI) is the national LGBT benchmarking tool that evaluates healthcare facilities' policies and practices related to the equity and inclusion of their LGBT patients, visitors and employees. The HEI 2014 evaluates a total of 1504 healthcare facilities nationwide.

[DOWNLOAD THE HEI 2014](#)

HEI LEADERS



In 2014 427 healthcare facilities met all of the Core Four criteria for LGBT patient-centered care.

[View 2014 Leaders ►](#)

CORE FOUR LEADER CRITERIA



The HEI asks healthcare organizations whether they meet four foundational criteria for LGBT patient-centered care.

The University of Vermont Medical Center > About UVM Medical Center > Overview > Non-Discrimination Policy



NON-DISCRIMINATION POLICY

The UVM Medical Center is committedd to treating patients, family, visitors, and employees in a non-discriminatory manner.

Overview

Partnerships

Community

Foundation

Environmental Leadership

Honors & Awards

Our Mission

Newsroom

Search News

The University of Vermont Medical Center is committed to treating all with whom we interact-including patients, family members, visitors, employees, staff, and potential employees or staff-in a non-discriminatory manner.

Patients

The UVM Medical Center is committed to providing care to all members of its community without regard to race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces. Patients, family members, or visitors wishing to report discriminatory behavior should contact The UVM Medical Center's Department of Patient and Family Advocacy by calling 802-847-3500 or by emailing patientandfamilyadvocacy@uvmhealthnetwork.org.

Employees

The UVM Medical Center is committed to providing a workplace that practices nondiscrimination and equal opportunity without regard to race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces. Employees, applicants, or prospective employees wishing to report discriminatory behavior should contact The UVM Medical Center's Manager of Employee Relations, Elena Jensen, by calling 802-847-5344 or by emailing: elena.jensen@uvmhealth.org.

To view the
UVM Medical Center's
policy, please visit
UVMHealth.org/MedCenter
and search for
"Non-Discrimination
Policy"



VISITING HOURS

Find information about visiting patients at The UVM Medical Center, including visiting hours and our visitation policy for family members and friends.

Select an Option ▼

Visiting Hours

Hotels & Lodging

Send a Gift, Flowers or Email

WiFi

Gun and Weapon Policy

The UVM Medical Center Visitation Policy

You have the right to choose who may visit you while you are in the hospital. We don't restrict or deny visitation privileges based on race, color, national origin, religion, sex, gender identity or expression, sexual orientation or disability.

Visits from family and friends can play an important role in the healing process.

To view the
UVM Medical Center's
policy, please visit
UVMHealth.org/MedCenter
and search for
"Visitation Policy"

TALENT MANAGEMENT

We are pleased to announce these new educational opportunities:

Register for Upcoming Courses in eLearn!

We've added new courses through the remainder of 2015:

★ [Time Management](#): *Learn techniques to prioritize work requests and options for managing communications.*

★ [Promoting Equitable and Inclusive Care](#): *Topics range from the basics of LGBTQ Patient-Centered Care to more specialized topics for clinicians.*



Electronic Health Record (EHR)

- Why is the EHR so important
- Information in EHR relates to:
 - WHO we are (legal name, biologic sex, etc.)
 - HOW we like to identify (what name do I prefer, what pronoun do I want to be used, gender identity, etc.)
 - WHAT organs we might have and conditions we need to be screened for

Why Collect Sexual Orientation and Gender Identity Data

Numerous authoritative sources call for the routine collection of sexual orientation and gender identity data in clinical settings:

- The 2011 Institute of Medicine (IOM) report on LGBT health recommends the collection of sexual orientation and gender identity data in EHRs and notes that questions should be standardized to allow for the comparison and pooling of data to analyze the unique health needs of LGBT people.[\(3\)](#)
- The 2012 IOM report on electronic SO/GI data collection in clinical settings supports the routine collection of structured SO/GI data in EHRs.[\(4\)](#)
- Healthy People 2020 calls on clinicians to gather SO/GI data.[\(5\)](#)
- Gathering SO/GI data in clinical settings is consistent with efforts of the U.S. Department of Health and Human Services to gather health data on LGBT populations as authorized under Section 4302 of the Affordable Care Act (ACA).[\(6\)](#)
- The Joint Commission's 2010 report, *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*, encourages the collection of patient SO/GI data.[\(7\)](#)
- The Joint Commission's 2011 report, *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide*, provides detailed suggestions for how to ask about sexual orientation and gender identity in clinical settings.[\(8\)](#)

The rationale for collecting these data is similar to that regarding importance of gathering race and ethnicity data. According to the Joint Commission:

Hospitals must collect patient-level demographic data on race and ethnicity to identify the needs of individual patients and to eliminate disparities in the patient population. These critical data provide hospitals with information on the potential cultural needs of each patient, as well as an opportunity to monitor and analyze health disparities at the population level.[\(9\)](#)

These reasons are equally important with regard to sexual orientation and gender identity data.

EHR Advances

- Currently in the discovery phase
 - Develop a process that is inclusive and available for all
 - Provide training for all staff
 - Inform patients
 - Be able to maintain appropriate billing to insurance companies
 - Improve over time

Future Initiatives

A decorative horizontal line with a wavy, undulating pattern. It consists of two main layers: a top layer in a medium green color and a bottom layer in a darker green color. The line flows from left to right, with gentle curves and dips.

- EHR data inclusion will help promote education of staff
- Increased targeted training/education
- Diversity and Inclusion work groups

A few examples of these health problems include:


- **LGBT youth** are 2 to 3 times more likely to attempt suicide, and are more likely to be homeless (it is estimated that between 20% and 40% of all homeless youth are LGBT). LGBT youth are also at higher risk for becoming infected with HIV and other sexually transmitted diseases (STDs). They are also more likely to be bullied.
- **Gay men and other men who have sex with men (MSM)** are at higher risk of HIV and STDs, especially within communities of color.
- **LGBT populations** are much more likely to smoke than others; they also have higher rates of alcohol use, other drug use, depression, and anxiety.
- **Lesbians** are less likely to get preventive services for cancer, such as mammograms and Pap tests.
- **Bisexuals** have higher rates of behavioral health issues compared to lesbians and gay men.
- **Transgender individuals** experience a high prevalence of HIV and STDs, victimization, and suicide attempts. They are also less likely to have health insurance than heterosexual or LGB individuals due to rejection by their families or discrimination when seeking employment.
- **Elderly LGBT individuals** face additional barriers to health care because of isolation, diminished family supports, and reduced availability of social services. Some report discrimination from their peers when living in communal elderly housing.





Creating a Resource for Rural LGBTQI Youth

UVM College of Medicine Student Initiative

- 
- 2014-2015 Schweitzer Fellowship project with Matthew Shear '17 and Leah Cipri '17
 - Goal: to improve access to critical sexual health information and community support for LGBTQI identified youth (ages 14-22) in the state of Vermont.
 - 1-724-888-SASS

Motivation: Youth at Risk

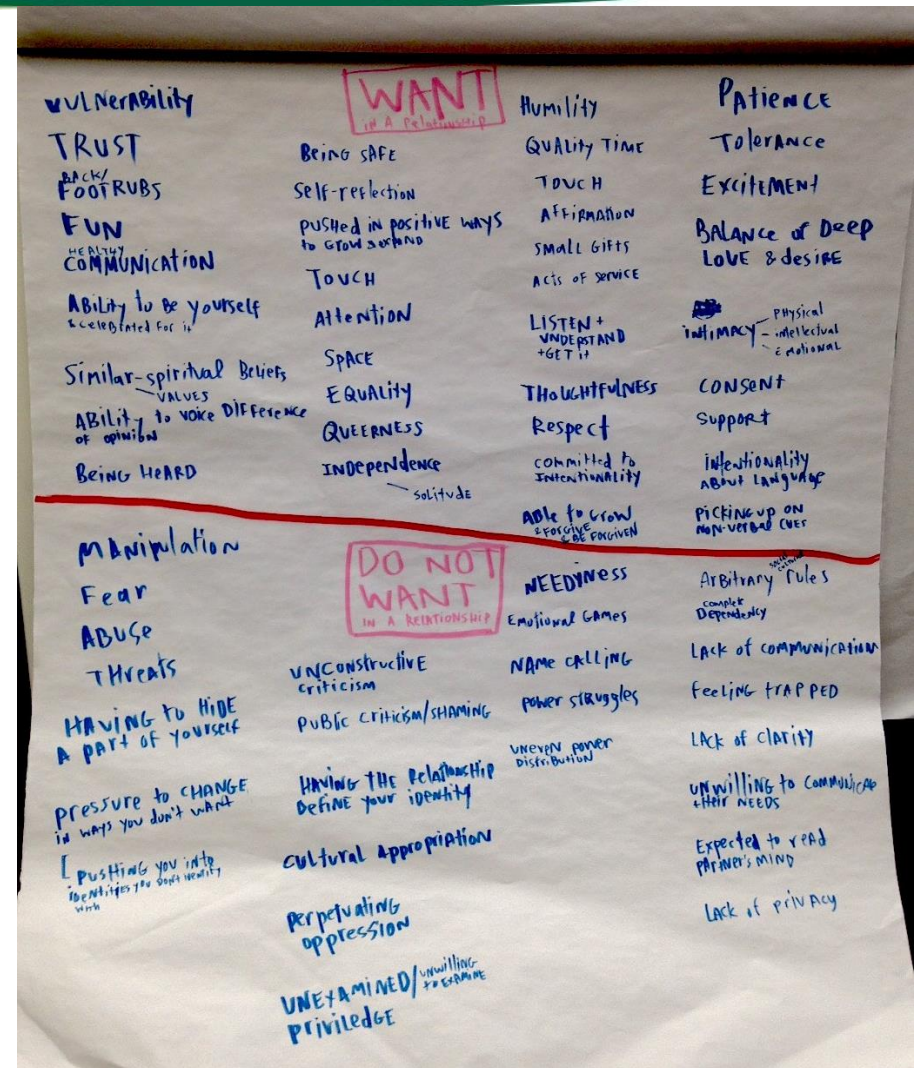
- **CDC 2011 Report:**
 - LGBTQ youth are at higher risk than their heterosexual peers for dating violence, rape, suicide, and drug use.
 - LGBTQ youth also tend to have sexual partners earlier, were less likely to use condoms, and more likely to use drugs/alcohol before sexual contact.
- **VT Youth Risk Behavior Survey:**
 - at least 2100 middle and high school students across Vermont (8% of respondents) identified as GLBQ (Gay, Lesbian, Bisexual, Questioning).
 - GLBQ youth at greater risk for unsafe behavior: not using seatbelts or helmets, smoking cigarettes, and using recreational drugs
- **Healthy People 2020:**
 - identified a national trend in LGBTQ health that requires reversal: “Lack of social programs targeted to and/or appropriate for LGBT youth.”

Motivation: Youth at Risk

- Access to medically accurate information is a valuable asset to LGBTQ youth, a community that is medically marginalized.
- Psychological benefit to LGBTQ youth who see services and programs catered specifically to them. This type of programming makes at-risk youth feel important and valued within the community, contributing to youth's own self perception of worth and esteem.

Our Project:

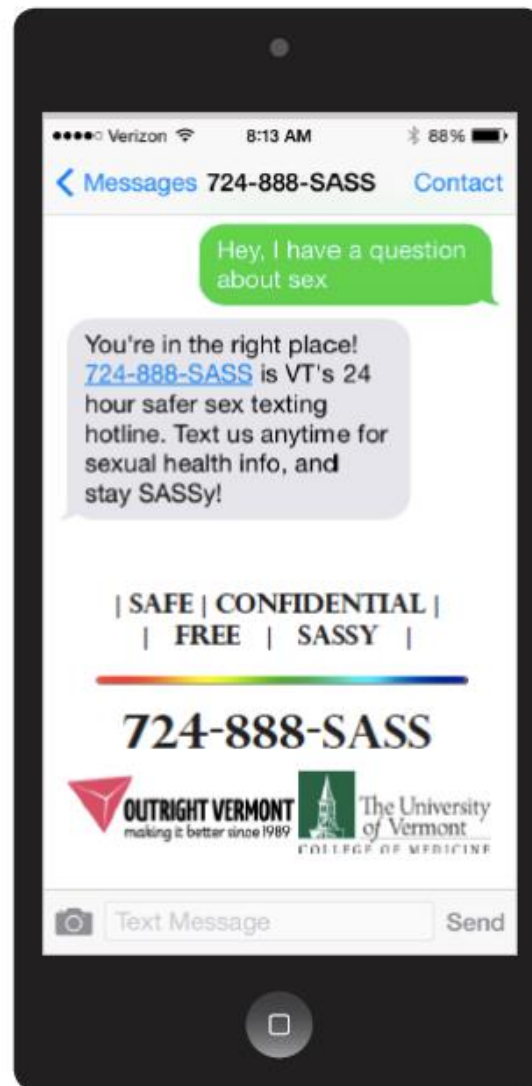
- **Confidential Text Line: 724-888-SASS**
 - based on pilot program at Brandeis University
 - staffed by medical students & supervised by an OB/GYN and a clinical psychologist
 - answers to questions within 24 hours
- **Workshops/Discussion Groups at Outright VT:**
 - Healthy Relationships
 - STIs and safer sex
 - Mental Health & Wellness
 - Trans* healthcare Q&A with a pediatrics resident from UVMMC



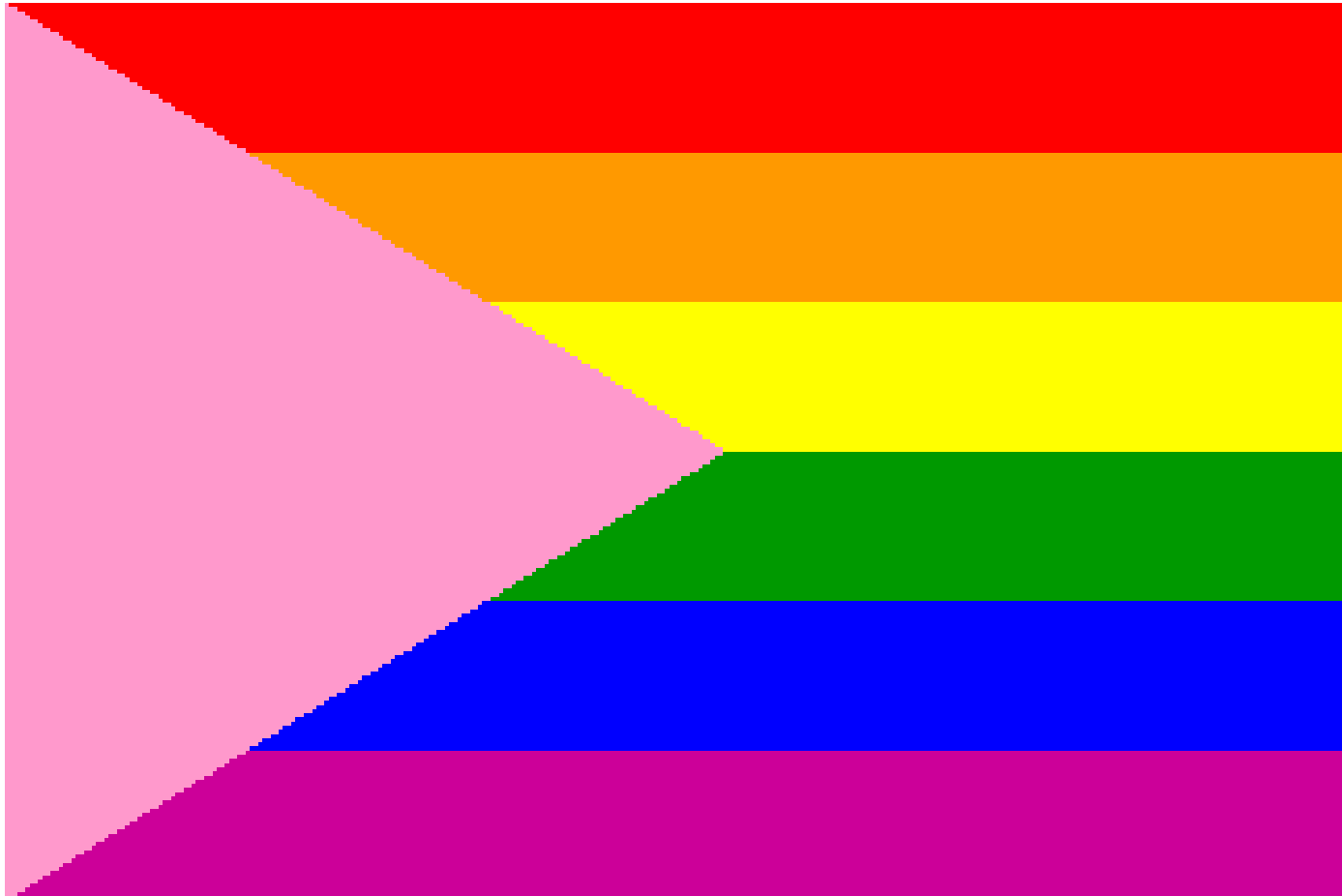
Outcomes

- 54 clients and 167 text messages, (80% from VT telephone numbers)
- 8 bi-weekly workshops
- Two-way exchange of wisdom and knowledge
 - valuable insights from the youth, peer mentorship
 - group problem-solving skills and consensus based teamwork
 - building trust between LGBTQ youth and the medical community

Going Forward



LGBT+ Visibility and Coming Out: A Social Process and Personal Journey



A National History

- **1969 Stonewall Riots**
- 1970 First "Gay Liberation Day Parade" in NYC
- 1972 Sweden 1st Country to Allow Transpeople to Change Sex, Provide Free Hormones
- **1973 APA removes Homosexuality From List of Psychiatric Disorders**
- 1981 NY Times Prints First Story About Gay Cancer
- **1983 Virus That Causes AIDS is Identified eventually known as Human Immunodeficiency Virus**
- 1992 Vermont Passes Sexual Orientation Non-Discrimination Protections
- **1996 Clinton Signs Don't Ask; Don't Tell**
- **2000 Vermont Legalizes Civil Unions**
- 2007 Vermont Passes Gender Identity Non-Discrimination Protections
- **2009 Vermont Legalizes Same Sex Marriage via Veto Override #1 Legislative Legalization**
- **2010 Congress Repeals Don't Ask; Don't Tell**
- 2015 Supreme Court Rules Same Sex Couples Have Right to Marry Under US Constitution

A UVM COM History

UVM LGBTQ Timeline

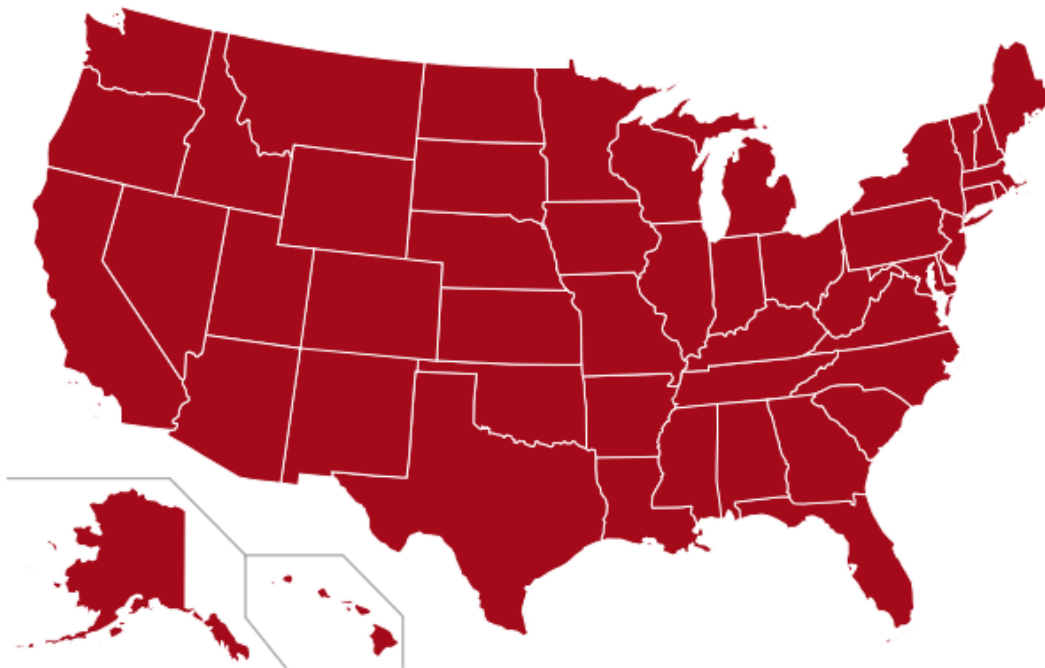
- 1991 "What is a Phagocyte?" e) "An alternative lifestyle hangout." **Clear Institutional Support**
- **1992 "There May Be Mandatory Testing"**
- 1994 UVM COM graduates at least 8 (of ~95) "out" LG students
- ~2000 UVM Panel. Student Tells Participant He Will Not Stay in Class to be exposed to the Homosexual Agenda
- 2005 LGBT SIG Started
- **2006 Punking Incident: Will & Grace, Sausagefest, Tightie Whities**
- **2007 Punked Student Uses Schweitzer Fellowship to Begin to Examine LGBTQ issues in the Curriculum**
- 2008 **GSA is Formed and Begins 7 Years (and counting) of Curricular Reform Efforts**
- **2008-2009 2nd Schweitzer group polls students on improved curriculum: TAACT Tool**
- **2010 Punked Student Graduates, feeling supported by UVM COM**
- 2013 Donald Evans, MD '62 Speaks on Experience in Early Days of AIDS Crisis in First LGBTQ Health Equity Lecture
- 2014 **Gender Vote, Students do Teach-In; First student marches wearing rainbow stole**
- 2014 Vito D. Imbasciani, M.D.'85 and George Di Salvo LGBTQ Lectureship Endowed
- **2014-15 3rd Schweitzer Group: Health Information Sessions and Text Q&A For Youth**
- **2015 Graduation speaker is openly gay alum.**

Marriage Equality!



HUMAN
RIGHTS
CAMPAIGN®

MARRIAGE EQUALITY AND OTHER RELATIONSHIP RECOGNITION LAWS



Updated November 13, 2015

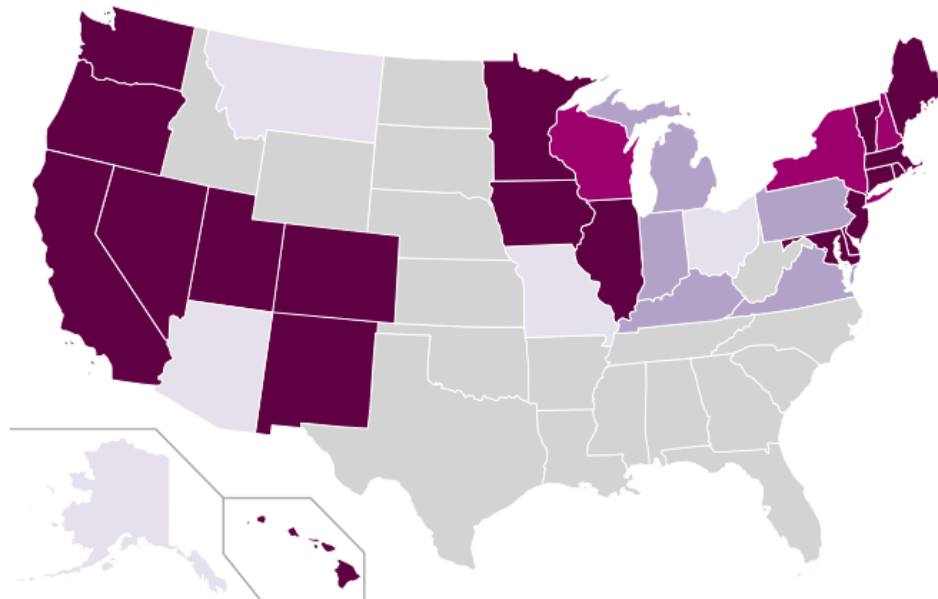
States that issue marriage licenses to same-sex couples (50 states & D.C.): Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

States in which same-sex couples legally married prior to a court stay

Employment Protection



STATEWIDE EMPLOYMENT LAWS & POLICIES



States that prohibit discrimination based on sexual orientation and gender identity (19 states & D.C.): California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Utah, Vermont, Washington

States that prohibit discrimination based on sexual orientation only (3 states): New Hampshire, New York, Wisconsin

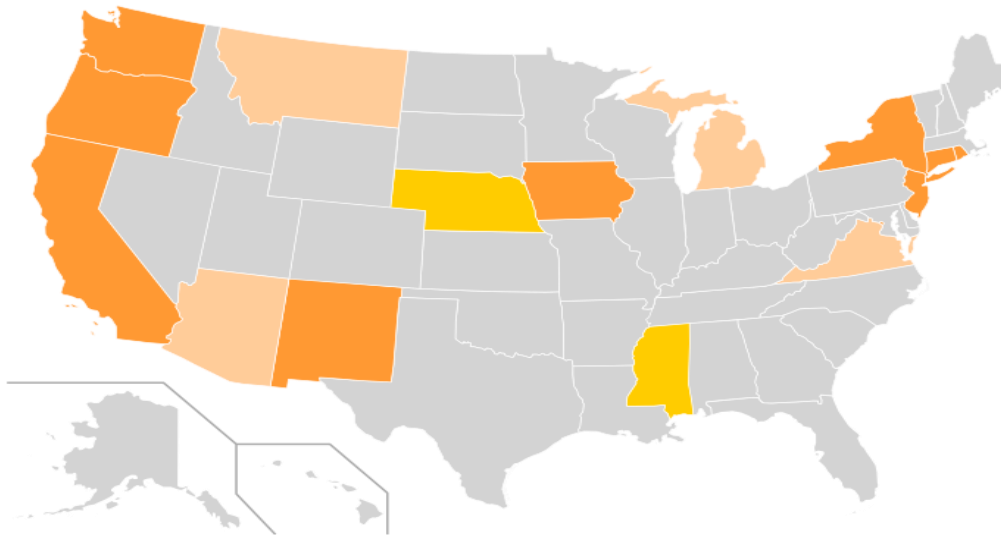
States that prohibit discrimination against public employees based on sexual orientation and gender identity (5 states): Indiana, Kentucky, Michigan, Pennsylvania, Virginia

States that prohibit discrimination against public employees based on sexual orientation only (5 states): Alaska, Arizona, Missouri, Montana, Ohio

Adoption Protection (or legal discrimination)



STATEWIDE ADOPTION LAWS & POLICIES



Updated September 11, 2015



States Refusing to Comply with Non-Discrimination in Adoption (2 states): Mississippi, Nebraska



States with Laws or Policies that Permit Discrimination in Placement (4 states): Arizona, Michigan, Montana, Virginia



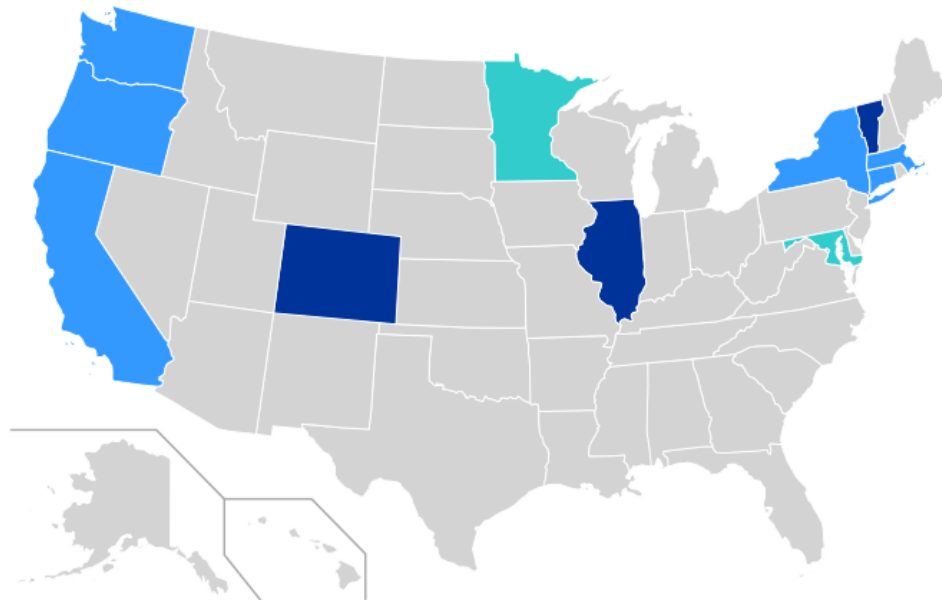
States with Non-Discrimination Protections for Sexual Orientation and Gender Identity in Adoption (9 states & D.C.): California, Connecticut, District of Columbia, Iowa, New Jersey, New Mexico, New York, Oregon, Rhode Island, Washington

Guaranteed and Paid for Trans Care



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TRANSGENDER HEALTHCARE



States with bans on insurance exclusions for transgender healthcare (3 states): Colorado, Illinois, Vermont



States with transgender-inclusive health benefits for state employees (2 states): Maryland, Minnesota



States that have both bans on insurance exclusions for transgender healthcare and provide transgender inclusive health benefits for state employees (6 states & D.C.): California, Connecticut, District of Columbia, Massachusetts, New York, Oregon, Washington

It's still hard





Transgender and Gender Difference

Questions

- What is gender variance and what are transgender (“trans”) people?
- How is “T” different from “LGB”?
- What healthcare needs do trans people often have, and how can UVMMC/UVM COM best respond?

Gender Identity

- **A person's intrinsic sense** of being male (a boy or a man), female (a girl or a woman), or an alternative gender (e.g., ...transgender, genderqueer, eunuch) (Bockting, 1999; Stoller, 1964). [WPATH.org; SOC v. 7] "One truly is, or should have been..."
- **Gender role or expression:** Characteristics in personality, appearance, and behavior that in a given culture and historical period are designated as masculine or feminine (that is, more typical of the male or female social role) (Ruble, Martin, & Berenbaum, 2006). While most individuals present socially in clearly masculine or feminine gender roles, some people present in an alternative gender role such as genderqueer or specifically transgender. All people tend to incorporate both masculine and feminine characteristics in their gender expression in varying ways and to varying degrees (Bockting, 2008).

Transgender

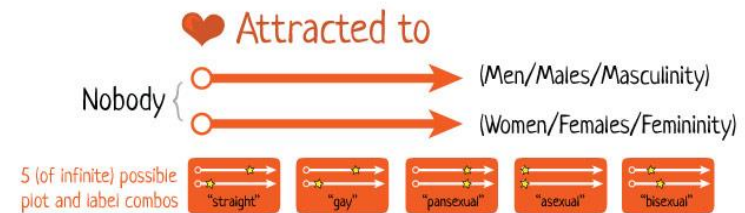
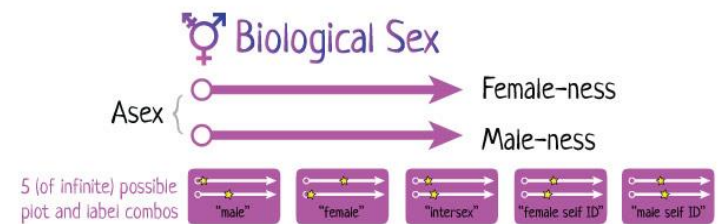
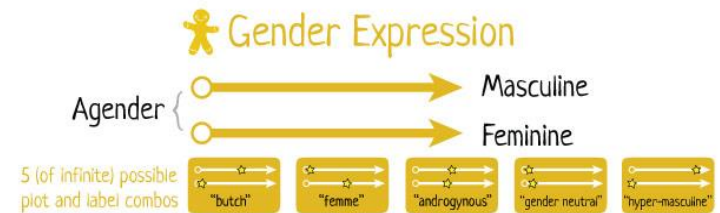
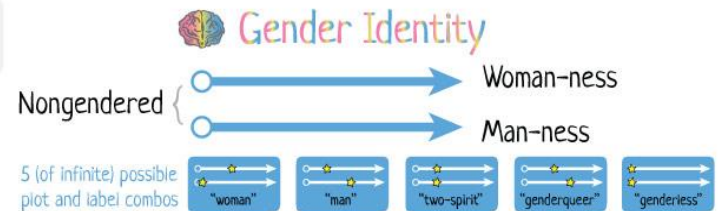
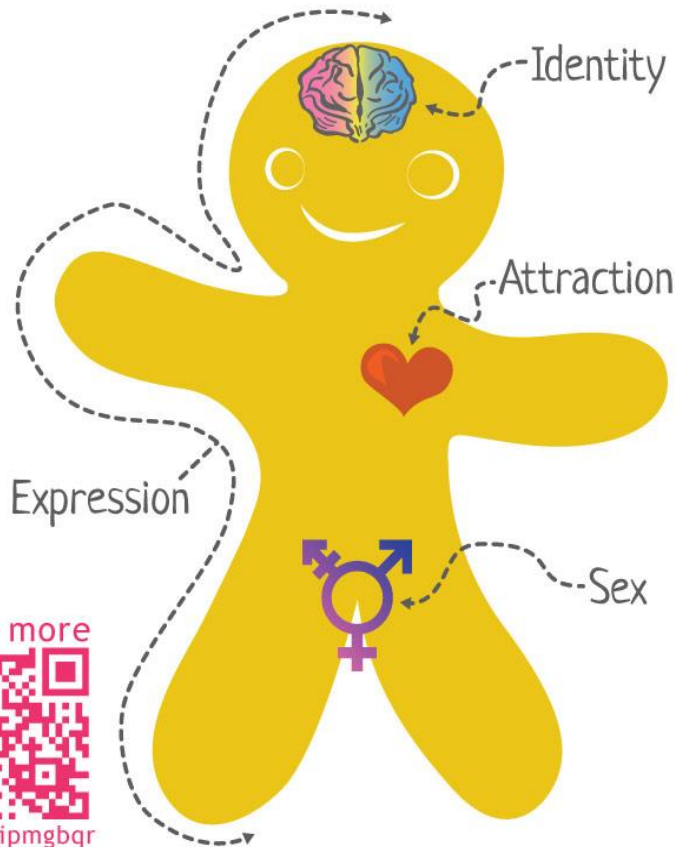
- (adj.) “describing a diverse group of individuals who cross or transcend culturally defined categories of gender. The **gender identity** of transgender people **differs** to varying degrees **from the birth assigned sex.**” [SOC v.7]
 - Transman/transmasculine/FTM
 - Transwoman/transfeminine/MTF
- “LGBT”

One way to think about this

The Genderbread Person v2.0

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for understanding. It's okay if you're hungry for more.



Gender Transition

- **Transition:** Period of time when individuals change from the gender role [in a big way] associated with their sex assigned at birth to a different gender role. For many people, this involves learning how to live socially in “the other” gender role; for others this means finding a gender role and expression that is most comfortable for them. Transition may or may not include feminization or masculinization of the body through hormones or other medical procedures [but it usually does]. The nature and duration of transition is variable and individualized.
- WPATH SOC v.7 (wpath.org)
- People may transition gender, or become aware of the need to do so, at any age.



T is Different

- Coming Out
 - Gender transition involves **visible**, physical changes.
 - After a while, there is no “closet.”
- Medical Services
 - No medical services are needed to live as L/G/B
 - Gender transition usually involves hormonal medications, surgical procedures, or both.
 - Transition in adolescence may include puberty suppression.
- Healthy Living
 - **Often, hormonal medications (estrogen, testosterone) are taken throughout life.**
 - Preventive services are partly “hormone based” and partly “organ based” – as well as gender neutral (M/F) services.
 - The burden of stigma is often greater. (“Well, everyone knows someone who is gay, but this is something new!”)
 - **Social support can be lacking, particularly for older adults.**

Response of UVMMC/ UVM COM

- Cultural “competence” (awareness) = attitudes, knowledge, and skills.
- Specific health services
 - Mental health
 - Hormone care
 - Youth services
 - Community partners
- Infrastructure
 - Electronic record changes
 - Quality improvement/continuing education.
- Education
 - Becoming mainstream: “Now it’s just in the curriculum.”
 - Trans patients speak up.
- The journey continues....
 - Surgical care
 - Older adults and “care across the lifespan.”
 - Envisioning full equality.

“It was a while before we came to realize that our place was the very house of difference rather than the security of any one particular difference.”

Audre Lorde, 1982

Welcome home....



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Resources for LGBT Health Care Information

- The Fenway Institute founded The National LGBT Health Education Center, which “provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.”
- Howard Brown Health Center developed the Nursing HEAL Elders (HEALE) curriculum teaching cultural competency in caring for older LGBT individuals.
- The Mazzoni Center established its Professional Development Program offering nine separate “interactive and culturally appropriate trainings and support for staff at direct service agencies and medical organizations.”
- The University of California, San Francisco (UCSF) created the Center for LGBT Health & Equity, the first LGBT-dedicated program in a health education or health care setting.
- Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who are LGBT, Gender Nonconforming, or Born with DSD :A Resource for Medical Educators. First Edition, 2014. Edited for the AAMC by: Andrew D. Hollenbach, Ph.D., Kristen L. Eckstrand, Ph.D. Alice Dreger, Ph.D.