

Navigating Diverse Populations: LBGTQ and Minority Groups

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Hello
my name is

Mandi

my pronouns are

She, Her

Image Source: <https://www.tedeytan.com/2016/07/01/20086>

Disclosure

I have no disclosures.

Acknowledgments

- National LGBT Cancer Network
- Fusion Comedy
- My staff
- My kids (and fur babies)
- Everyone being a champion for cancer patients & LGBTQ people everywhere including CMS and the Joint Commission!



Learning Objectives

- Describe unique risks & challenges for LGBTQ patients
- Improve communication with LGBTQ patients
- Create a welcoming environment for LGBTQ patients

CMS Standards for Participation

Ensuring Compliance with Requirements Revised Medicare CoPs

As of January 18, 2011, in order to comply with the revised CoPs, hospitals participating in the Medicare Program must:

- » Adopt written policies and procedures concerning patients' visitation rights, including any clinically reasonable and necessary restrictions or limitations on visitation;
- » Provide notice to patients or their support persons (where appropriate) of their visitation rights, including the right to receive visitors designated by the patient. A patient may designate virtually anyone – a spouse, domestic partner (including a same-sex domestic partner), another family member, or a friend. The notice must also advise of any time;
- » Not restrict, limit, or deny visitation privileges based on race, color, national origin, religion, sex, ethnicity, sexual orientation, or disability;
- » Ensure that all visitors enjoy full and equal visitation privileges consistent with the patient's preferences;
- » Respect the rights of a same-sex partner as a patient representative to make decisions on behalf of his or her partner with respect to visitation if the patient is incapacitated. Documentation to establish representative rights in order to exercise the patient's visitation rights should be required only in the limited circumstances when two or more individuals claim to be an incapacitated individual's support person;

-American Health Lawyers Association and Human Rights Campaign, 2012

Joint Commission



**Advancing Effective Communication,
Cultural Competence, and
Patient- and Family-Centered Care**

*for the Lesbian, Gay, Bisexual,
and Transgender (LGBT) Community*

A Field Guide

The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. 

The Joint Commission, 2011

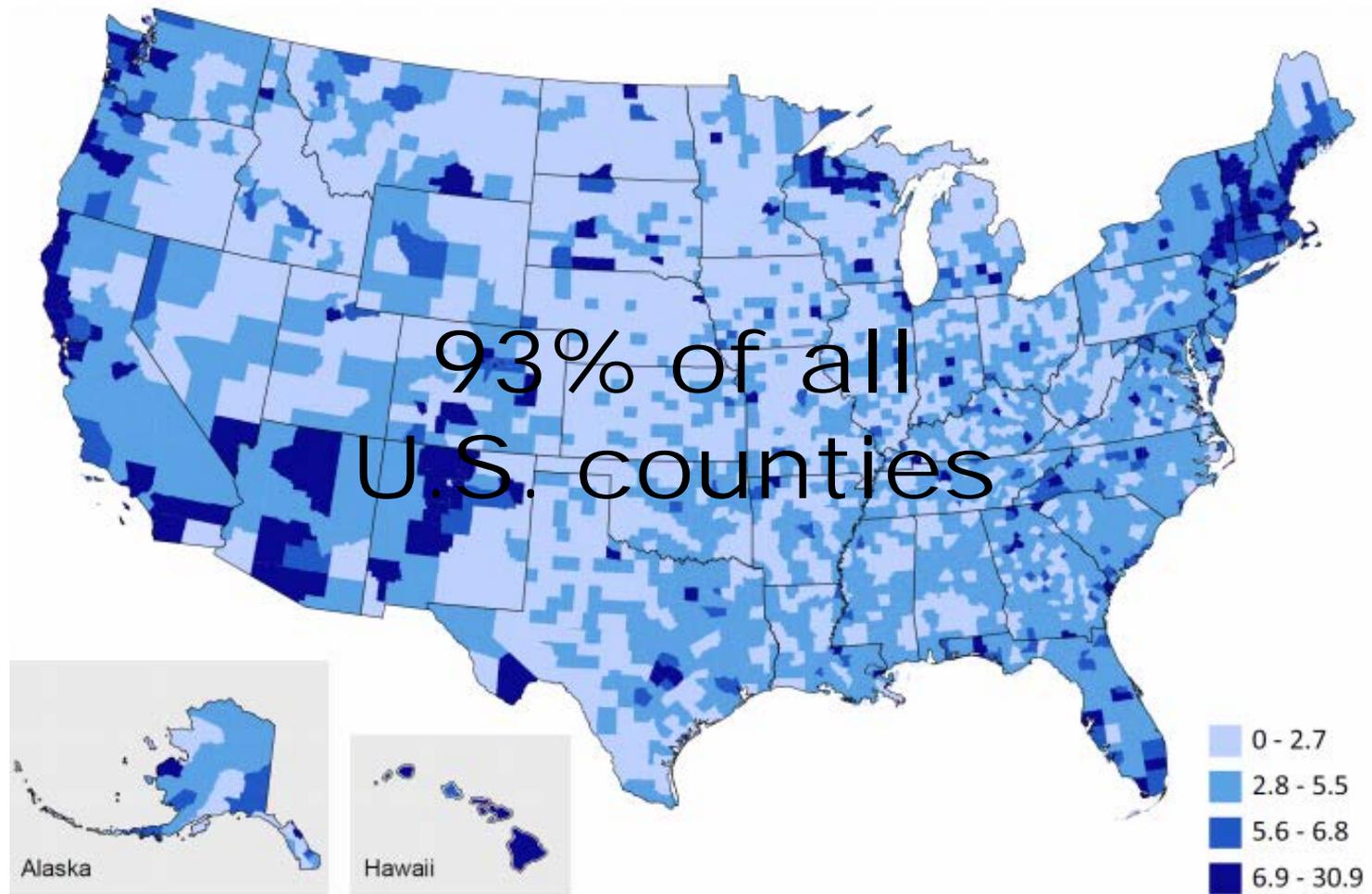
How many are we?

- There are an estimated 9 million lesbian, gay and bisexual individuals in the United States
- More than the population of New Jersey



Gates, 2011

Same-sex couples per 1,000 households
by county (adjusted)*



Gates and Cooke, 2010

Why don't we know them?

Most **forms** don't permit disclosure, you can't tell by **looking**,

...and we rarely **ask.**

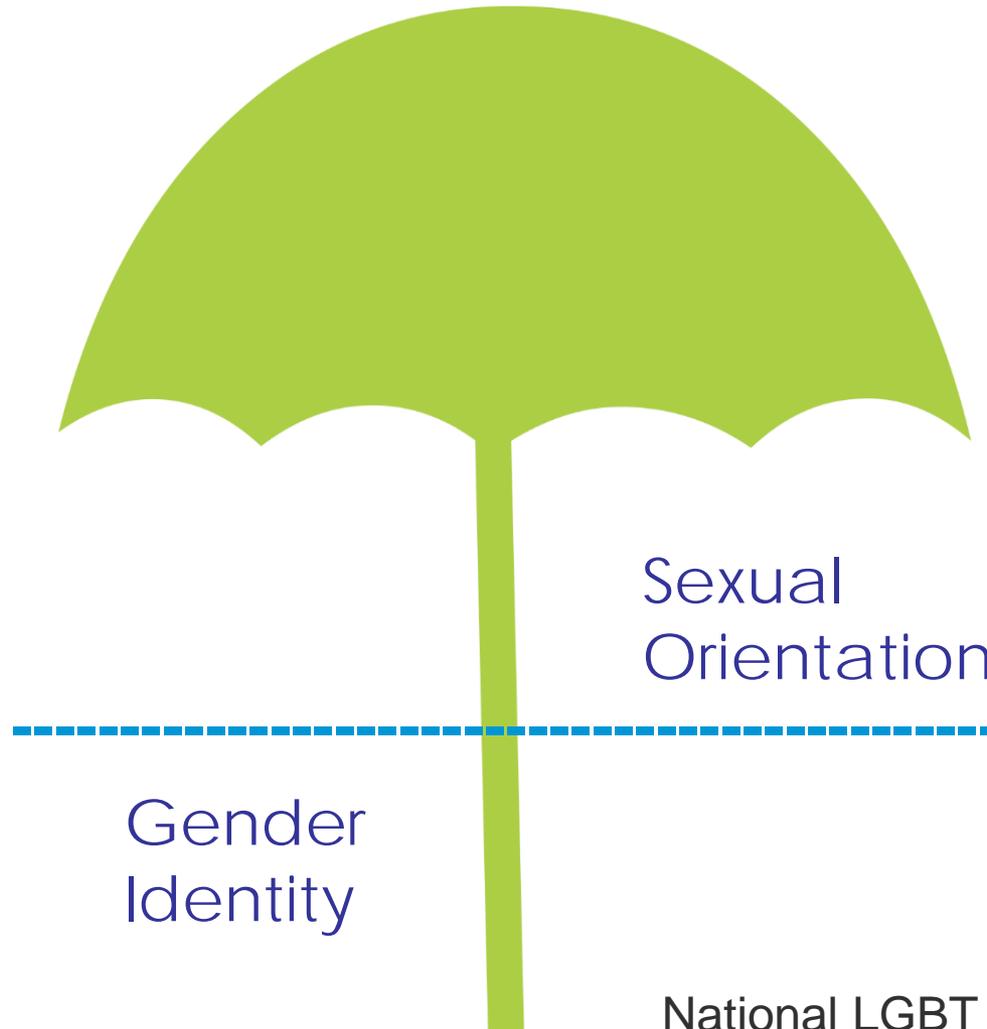
Robin Roberts image courtesy of ABC News

What's love (or identity) got to do with it?



National LGBT Cancer Network

The Basics: Terminology



National LGBT Cancer Network

Terms

pansexual

SGL

DSD/Intersex

queer

LGBTQIAA+

two spirit

gender variant

genderqueer

Behavior vs. Identity

In a 2006 survey of men in New York City, nearly 10% of men who identified as “straight” had sex with another man in the prior year.

They were more likely to...

- Belong to minority racial/ethnic groups
- Be of lower socio economic status
- Be foreign born
- Not use a condom

Pathela et al., 2006

Transition

TRANSITION is the process of changing one's gender presentation to match one's internal sense of gender

- Transgender people may decide to transition at any age
- Not all transgender people wish to transition completely to the other sex
- They may or may not change their name/pronouns
- They may or may not use hormones or surgery

It's ok to make mistakes

Stepping on toes is the **unintentional pain** caused by a **NEWFOUND WILLINGNESS** to be **close** with people who are **different**.

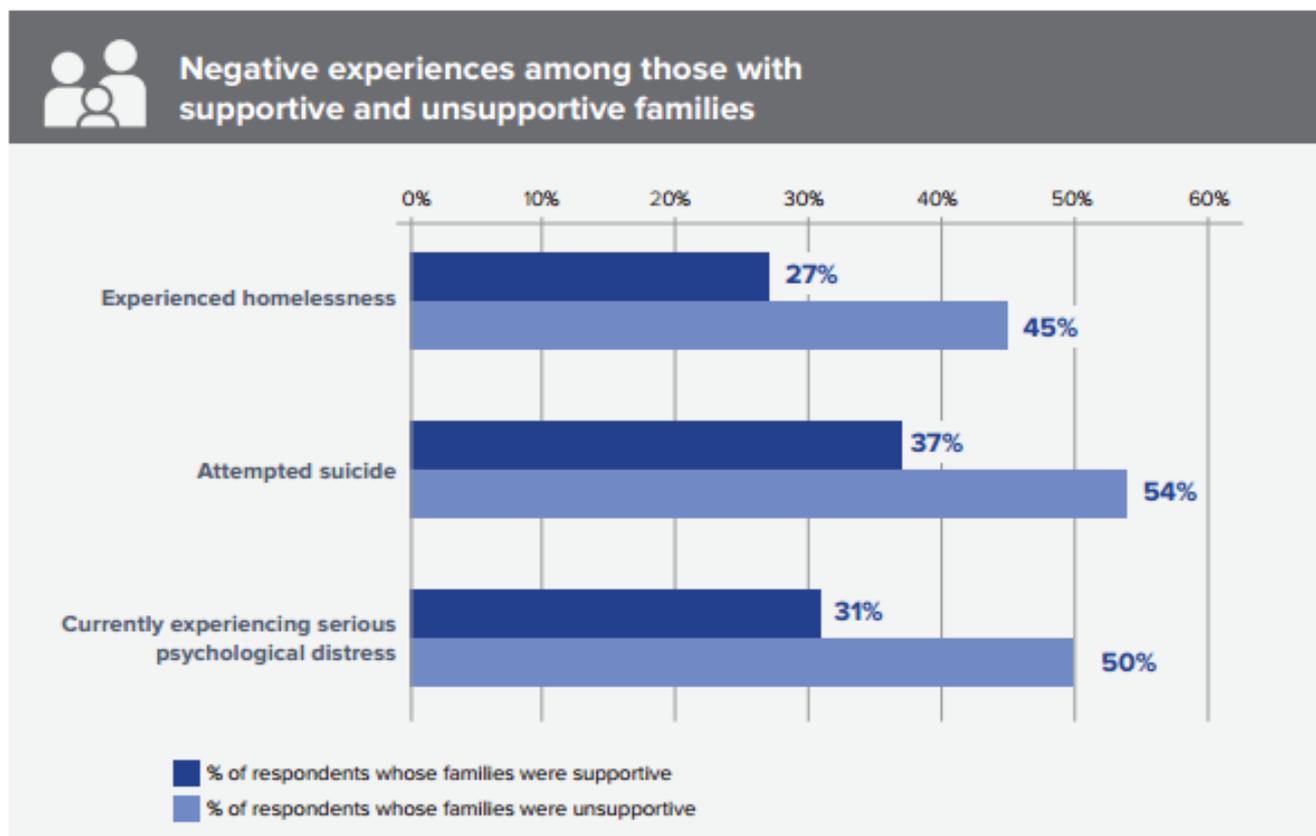
LGBT Well-Being

- Lower financial security
- Poorer physical health
- Fewer social supports
- Less sense of purpose
- Less community



Gates, 2014

Transgender discrimination



Herman et al., 2016

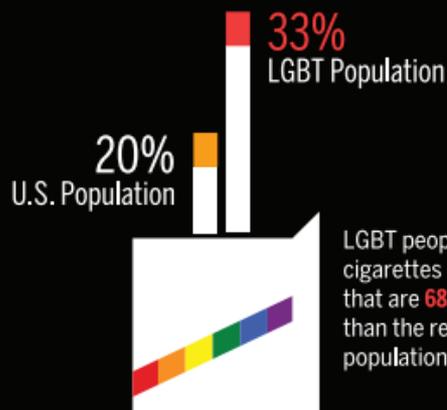
Smoking and LGBT Americans

SMOKING IS THE LGBT COMMUNITY'S BIGGEST HEALTH BURDEN



\$7.9 billion

Estimated annual LGBT money spent on cigarettes



LGBT people smoke cigarettes at rates that are **68% HIGHER** than the rest of the population.



LIFE-YEARS LOST

12.3 vs **5.1**
smokers with HIV vs non-smokers with HIV



For citations and references, please visit <http://hlthlnk.lgbt/Di94M>

BLOG.LGBTHEALTHLINK.ORG



LGBT Healthlink, n.d

Tobacco marketing is insidious

freedom. to speak.
to choose. to marry.
to participate. to be.
to disagree. to inhale.
to believe. to love.
to live. **it's all good.**



- 
- * LGBTQ people are at elevated risk for depression, anxiety, and suicidality
 - * LGB youth are **4X** more likely to attempt suicide
 - * **47%** of transgender people have attempted suicide

Bostwick et al., 2014

Past (and current) Discrimination

- Lack of cultural sensitivity in health care system disincentivizes help-seeking behavior
 - 56% of lesbian, bisexual and gay individuals have experienced health care discrimination
 - 70% of transgender individuals have experienced health care discrimination

Hunt, 2012; Lamda Legal, 2010

Medical School Bias

- Over 80% of first year medical students expressed implicit bias against lesbian/gay people
- Nearly 50% expressed explicit bias

Burke et al., 2015

Self-reflection: Privilege

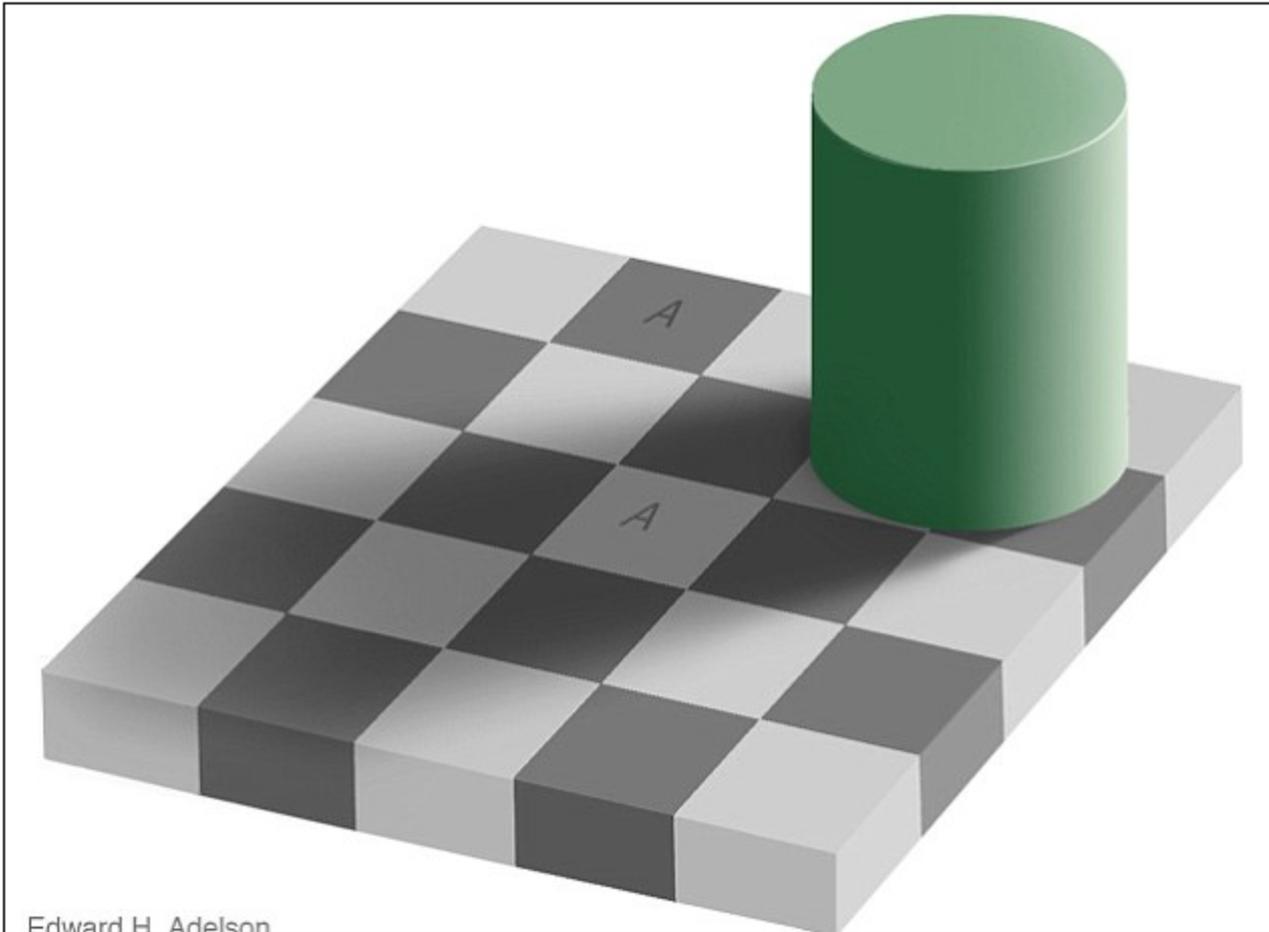


When we think we are right ...but we aren't...

FOR THE LOVE OF ALL THAT IS
GOOD AND HOLY IN THIS WORLD...

We had dinner. It was good.

STOP DOING THIS!



Edward H. Adelson

Although it may seem impossible to believe, the squares marked 'A' and 'B' are actually exactly the same shade of grey

What is your role?

- Building rapport
- Welcoming the patient
- Ensuring strong communication
- Supporting patient engagement & empowerment
- Providing good information
- Providing emotional support
- Being an advocate

Building Rapport

- Acknowledge history
- Acknowledge reality now
- Reflect the patient's words
 - Name
 - Pronouns
 - Body parts
- Be genuine

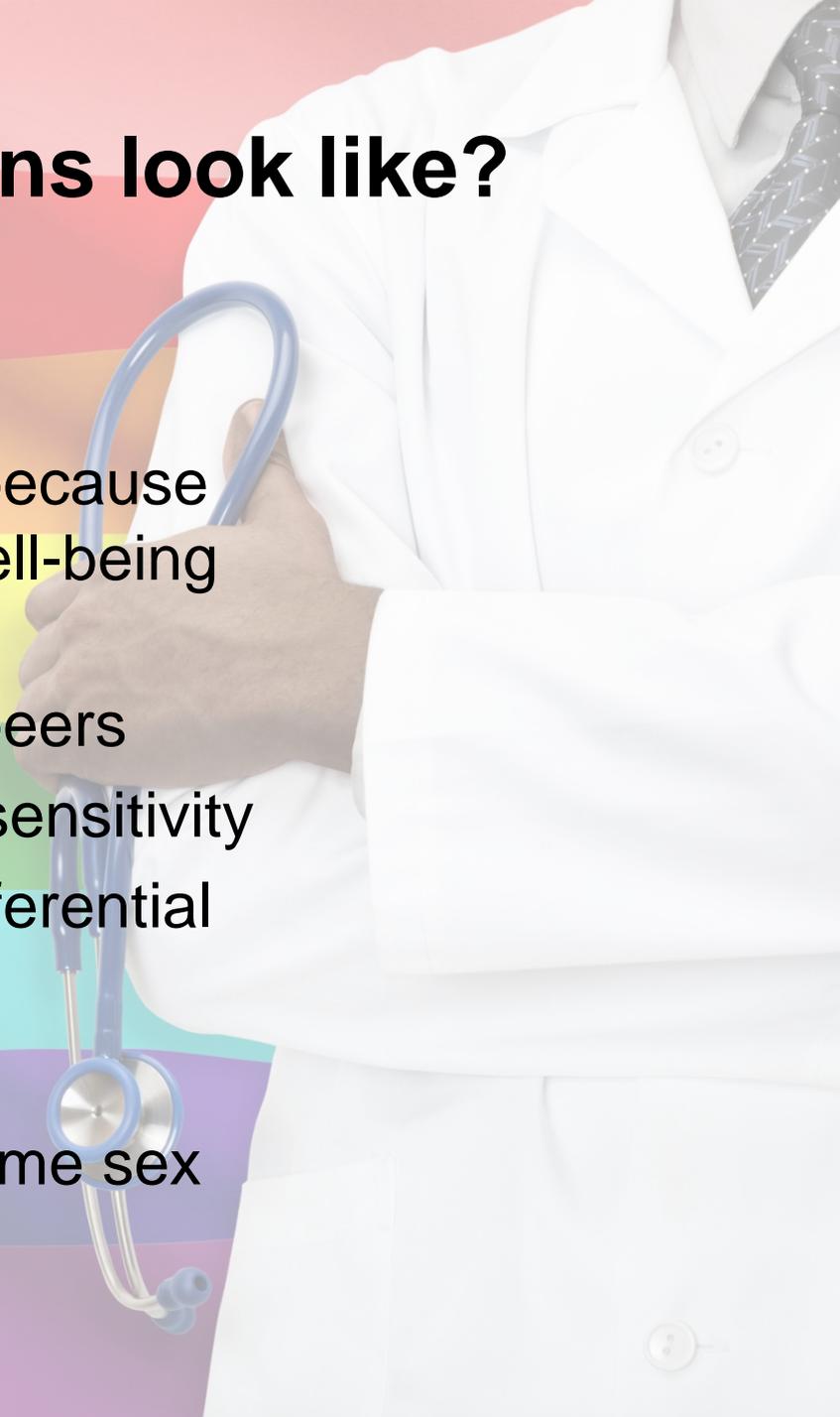
Self-reflection



Fusion Comedy

What do micro-aggressions look like?

- Gossiping
- Refusing to care for a patient
- Sending a patient a chaplain because of concern for their spiritual well-being (unless they ask for one!)
- Name-calling, even between peers
- Rudeness, condescension, insensitivity
- Trivializing concerns about differential treatment
- Dismissing past experiences
- Having no place to indicate same sex partner or SOGI
- Claiming SOGI is irrelevant



Show you have a safe environment

- Nondiscrimination policies
- Rainbows
- Brochures
- Posters
- HRC Healthcare Equality Index
- Staff training
- Resources
- Behavior
 - Check your assumptions, attitudes & bias – *we all have them!*
 - Be respectful, professional, supportive



What to ask...

Also, remember to
listen

What is your
relationship
status?

What would you
like me to call
you?

Do you call that
your chest?

What are
your
pronouns?

What NOT to ask...

Oh... and remember
to listen!

Are you the male
one in the
relationship?

What do gay
people think
about...

So have you had
“the surgery”
yet?

When did you
know you
were...?

Communication: Ensuring patient understanding

- What are your goals for your care?
- What is important to you when choosing your health care team?
- Can you tell me what you heard?
- What questions do you still have?
(Rather than “Do you have any questions?”)

Screening: Breast

- Lesbian and bisexual women – same as straight women
- Trans women – higher prevalence of dense breasts
- Trans men – limits on breast tissue with top surgery
- Current guidelines say all T's need mammography, but ultrasound may be important – we need more research

Unique Cancer Risks & Screening Recommendations

Cancer Type	Population	Research Summary (compared to general population)	Screening Recommendations
Breast	LB Women	<ul style="list-style-type: none"> ↑ Risk for breast cancer ↑ Age-adjusted risk for fatal cancer ↑ Incidence rates ↓ Mammography rates 	Follow USPSTF for heterosexual counterparts
	Transmen	<ul style="list-style-type: none"> • No studies on screening • No increased risk of breast cancer 	Annual chest wall/axillary exam and mammography for FtM as with natal females
	Transwomen	<ul style="list-style-type: none"> • No studies on risk/screening • No increased risk of breast cancer ↑ Late diagnosis and fatal cases 	Biennial mammography for MtF if additional risk factors present (>5 years hormone use, family history, etc.)
Cervical	LB Women	<ul style="list-style-type: none"> ↓ HPV Vaccine uptake ↓ Lesbians have lower Pap tests • No studies on incidence/prevalence 	<ul style="list-style-type: none"> • Follow ACIP vax guidelines for all genders • Follow USPSTF for Pap and HPV test for any patient with a cervix • Primary HPV screening in patients 25-29
	Transmen	<ul style="list-style-type: none"> ↓ Lower Pap tests ↑ Odds of Pap with unsatisfactory cytology • No studies on incidence/prevalence 	



“The bottom line is that we should all be comfortable in our skin, and we should all feel empowered to make decisions to enable us to feel this way.” – Emily Jensen

Screening: Cervical

- If they have a cervix, they need a Pap
- Lower uptake for trans men
 - Challenge: Inadequate Paps
- Comfort measures: lubricant, analgesic, small speculum, anti-anxiety Rx with chaperone, gender-affirming language
- Innovative self-swab Pap/HPV/STI testing being studied in CER

Screening: Prostate

- If they have a prostate, they should be monitored and discuss screening with their provider
- Consider trans-vaginal ultra-sound
- Prostate not typically removed during bottom surgery for women
 - Removal increases urinary incontinence

Unique Cancer Risks and Screening Recommendations

Population	Research Summary (compared to general population)	Screening Recommendations
Gay and Bisexual Men	<ul style="list-style-type: none"> = Risk and incidence rates ↑ Diagnosis at later stage ↓ Poorer outcomes ↓ Less knowledgeable about cancer ↓ PSA screenings among African Americans 	Follow USPSTF guidelines for heterosexual counterparts
Transgender Women	<ul style="list-style-type: none"> ↓ Incidence rates (possibly due to testosterone deprivation) • Few studies on transgender patients with hormone therapy 	Follow USPSTF guidelines for heterosexual counterparts; however, for patients that have undergone gender affirming surgery (GAS), prostate exams may be done digitally through the anus or vaginally by ultrasound

Truesdale et al., 2016, pp. 302-303

Addressing Sexual Dysfunction

Sexual Dysfunction	Concern	Treatment Options
Erectile Dysfunction	<ul style="list-style-type: none"> • More common in GB men than straight men • Stronger erections are required for anal penetration • Inability to obtain erection can cause distress 	<ul style="list-style-type: none"> • Oral medications • Vacuum erection devices • Intracavernosal injection therapy • Intraurethral prostaglandin suppositories • Penile implants • Sex therapy
Premature Ejaculation	<ul style="list-style-type: none"> • Prevalence is similar to slightly less in GB men • Between 15-34% of MSM report psychological distress 	<ul style="list-style-type: none"> • Sex therapist or other mental health provider • Working with sexual partner to adjust and establish new roles
Low libido and anorgasmia	<ul style="list-style-type: none"> • Decreased interest in sex or inability to orgasm can cause psychological distress in GB men 	<ul style="list-style-type: none"> • Sex therapist or other mental health provider • Working with sexual partner to adjust and establish new roles
Disruption of Ejaculation	<ul style="list-style-type: none"> • Cultural significance around ejaculation • Crucial to satisfying sex and maintaining relationships 	<ul style="list-style-type: none"> • Sex therapist or other mental health provider • Working with sexual partner to adjust and establish new roles

HPV Vax Considerations



How LGBTQ cancer patients disclosed

“If you were out to your health team, how did that happen?”

The **form** gave me the opportunity to specify my sexual orientation/gender identity **19%**

The provider **asked** me a direct question about my sexual orientation/gender identity/the nature of my relationship with the person with me **17%**

I brought up the subject **myself**, including as a way to correct a mistaken (heterosexual) assumption made by the provider or healthcare worker **58%**

Someone else told the health care provider about my sexual orientation/gender identity **3%**

Margolies & Scout, 2013

Do Ask, Do Tell

- Be open and non-judgmental
- Display open body language
- Follow patient lead in terms of eye contact
- Look up from your screen
- Be patient to allow for response
- State that your clinic is a safe place and follow through!

How do I ask sexual orientation questions?

- Sexual Orientation:
Do you think of yourself as?
 - Straight
 - Lesbian, Gay or Homosexual
 - Bisexual
 - Something Else
 - Don't Know
- What is your Current Relationship Status?
 - Married
 - Partnered
 - Single
 - Widowed
 - Divorced
 - Other

How do I ask gender identity questions?

- What is your current gender identity?
 - Male/man
 - Female/woman
 - Trans Male/ Female-to-male
 - Trans Woman/ Male-to-female
 - Genderqueer
 - Other
- What sex were you assigned on your original birth certificate?
 - Male
 - Female
 - Intersex

BRFSS Optional Module for Transgender Persons

- Do you consider yourself to be transgender?
 - Yes
 - No
- Do you consider yourself to be male-to-female, female-to-male or gender non-conforming?

Ask permission to store information



Vincent, A.R., 2016



GENDER NEUTRAL BATHROOMS

www.bathroom.support

DO YOUR BUSINESS.
MIND YOUR BUSINESS.



I like everyone!

PLEASE BE KIND TO THOSE WHO CHOOSE THIS RESTROOM.
A person's gender isn't always clear, but we all need to pee in peace.

PLEASE BE KIND TO THOSE WHO CHOOSE THIS RESTROOM.
A person's gender isn't always clear, but we all need to pee in peace.



DO YOUR BUSINESS.
MIND YOUR BUSINESS.

Create inclusive spaces

Gender neutral bathrooms

are not just kind, they
OFFER SAFETY to
transgender and gender
nonconforming people.



**GENDER NEUTRAL
BATHROOMS**

Facilitators for Gender-Affirming, Care

- Patient and provider knowledge of risk
- Peer support, role models
- Patient-centered practices: Language, comfort measures, sensitivity
- Clinical practices: swabbing technique
- Health system factors: safe, gender-affirming

Johnson et al., 2016; Potter et al, 2015

Barriers to Gender-Affirming Care

- Patient stigma, fear, past experiences
- Gender dissonance
- Provider lack of knowledge, skills, experience
- Lack of insurance coverage, access to care
- Health plan claim denials
- Lack of legal protections

Johnson et al., 2016; Phillips et al., 2015; Dean et al, 2000; Blank et al, 2015; Clark et al., 2015; Poynten, 2015

Taking a closer look



National LGBT Cancer Network

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