# Improving LGBT Patient Provider Relationships
## Q & A session

1) **How are LGBT health needs and disparities being addressed in clinical curricula? Especially during graduate and medical school**

   **Dr. Rachel Levine:** It is very important that medical student learn about the LGBT community and health issues that impact the community. A 2011 survey found that one in three medical students received zero hours of training. I do think this is improving often as the result of medical students pushing for the education. It's also important we train our current physician community. Containing medical education on LGBT community can help raise awareness and build clinical and cultural competency.

2) **I'm struggling with finding appropriate system-wide LGBTQ-Centered training for our staff. What tools do you recommend?**

   **Liz Bradbury:** We feel that LGBTQ issues trainers that are local to your facility, that are presenting up-to-date health information and using current protocols, who are aware of local resources, local and state laws and ordinances, who are current on community issues and who can tailor their presentations to your needs are the best at training your staff. You can usually find those trainers through your local leaders of the LGBT community.

3) **How can funders help cultivate an environment of strong LGBT patient provider relationships?**

   **Adrian Shanker:** It's important that funders interested in addressing health programs consider the health equity needs of vulnerable communities including the LGBT community. Funders interested in cultivating strong LGBT patient provider relationships should consider partnering with LGBT community-based organizations and providing resources for them to work within their community to promote health and wellness as well as funding for them to train health care professionals and organizations to provide culturally and medically competent care for the LGBT community.

   One additional thing funders can do that makes a big difference is to require that all grantees adopt non-discrimination policies for their employees that include sexual orientation and gender identity.

4) **What is something we can do on a policy level in health systems help support LGBT populations?**

   **Dr. Regina Washington:**

   - Ensure that disclosure of SOGI and sexual behavior is kept confidential and without judgment during all individual intake and clinical/community encounters.
   - Create welcoming and safe environments for LGBT patients.
   - Require LGBT cultural competency for all health care professional.
   - Develop LGBT-specific health education and prevention messages, materials, and resources.
   - Fund community-based programs to help reduce LGBT health disparities.

- Develop guidelines, interventions, and programs aimed at decreasing the cancer burden for LGBT populations, with adaptation for all segments of the LGBT communities.
- Revise screening guidelines to incorporate LGBT-inclusive risk assessment.
- Develop and/or use LGBT-tailored cancer screening guidelines for LGBT communities
- Eliminate discriminatory and exclusion from screening procedures due to discordance between gender markers and anatomy. (emergency room policies too)
- Ensure that LGBT patients receive prompt follow-up after abnormal screening results, as well as timely and culturally competent coordination of transition to mitigate.

5) **Are there Cancer screening resources/guidelines for the LGBTQ community and mammography guidelines for transgender men and women.**

**Dr. Rachel Levine:** Guidelines can be very helpful tools for physicians. The medical standard of care for transgender people is set by WPATH. Additionally, the University of California Center of Excellence for Transgender Health also has published guidelines.

6) **What is the major concern nowadays in relation to better quality service and barriers encountered by LGBTQI patients?**

**Liz Bradbury:** Of course, lacking insurance coverage is a barrier. — But the statistics gathered from our LGBT Health needs assessment shows that past discriminatory experiences with healthcare providers has caused 1 in 4 LGBTQ people to AVOID healthcare treatment, checkups or routine screenings due to persistent wariness and fear.

Un-welcoming offices set up initial barriers/ ….non-inclusive forms, no SOGI non-discrimination statement, lack of staff training to provide un-biased preliminary intake….And then the biggest barrier may simply be refusal to see LGBTQI clients or lack of experience with the specific health needs of LGBTQI people and an unwillingness to learn. And finally, a barrier may be the lack of outreach to the LGBTQI community to let people know providers have experience, and they have and are committed to posted policies that support non-discrimination based on SOGI.

7) **How to encourage transmen to get paps? And a registrant is looking for information about anal paps.**

**Adrian Shanker:** Prevalence of anal cancer is 34 times as common among men who have sex with men compared to the majority population. However, anal cancer is rarely discussed. The HPV and Anal Cancer Foundation identifies several risk factors for Anal Cancer, including HPV, which is widely understood to be sexually transmitted through skin-to-skin contact, including during anal sex with or without condom usage. Receptive partners during anal sex and anyone with a weakened immune system, including people who are HIV+ are at increased risk for anal cancer. There is a growing awareness of the need for anal Pap tests. 70% of all cases of cervical cancer are caused by HPV, and in Pennsylvania 90% of Pennsylvania women have had a cervical Pap test during their lifetime. However, 95% of anal cancer diagnoses are the result of HPV and only 8.9% of gay and bisexual men

and 11% of Transgender people in the Lehigh Valley have ever had an anal Pap test. Stunningly, just one in four people who are HIV+ in the Lehigh Valley has ever had an anal Pap test.

There are numerous barriers in place. Most clinicians have not received formal training on anal Pap tests and most don't ask their patients if they need one. Further, anal Pap tests are not covered as a preventative screening by many primary health insurers. In order to reduce the disparity for HPV-related cancers, access to anal Pap tests needs to be as routine as access to cervical Pap tests, and further clinical research is needed on anal cancer to ensure that clinicians have a breadth of knowledge to address anal cancer.

8) **How do people word questions about gender identification in their EMR?**
**Dr. Rachel Levine:** It is very important health systems build process into their electronic medical record systems. A patient should not have to 'out' themselves at every visit. There is a resource available online from Fenway Institute National LGBT Health Education Center - http://lgbthealtheducation.org/wp-content/uploads/Collecting-SOGI-Data-in-EHRs-COM2111.pdf

9) **What would you consider the most common barriers that come up with end of life care?**
**Liz Bradbury:** Lack of training on LGBT issues for providers working with the older LGBTQ population. That includes nursing home staff, medical healthcare providers, social workers working with seniors — The older LGBTQ population traditionally is less likely to have children or other family caring for them as they age, so younger family advocates are less available. That's a major barrier. Other factors include: Religious based older adult care that is anti-LGBT and the increasing vulnerability to bullying and harassment as a person ages, which translate into wariness and fear of providers and healthcare institutions — are two other major barriers.

10) **What are the incidence and mortality rates for breast/ cervical cancers? where is the best resource to find data on this group?**
**Dr. Regina Washington:** Lesbian and bisexual women have higher risk of breast cancer because they have fewer pregnancies and have higher rates of alcohol use, smoking, and obesity. Lesbian women are less likely to get preventive care.

Researchers found that half of trans men have not had a Pap smear screening in the past three years, as is recommended. 57% of participants preferred to self-sample for cervical cancer rather than having a provider do so, possibly out of fear of discrimination: those who had experienced discrimination were more than three times as likely to prefer the more private method.
We still lack estimates of the cancer burden for LGBT communities from national and state cancer registries, as well as from large population studies. There are other studies in the scientific literature that continue to produce findings showing that LGBT adults are at higher risk for certain cancers and/or experience higher morbidity and mortality in relation to specific cancers.

The Behavioral Risk Factor Surveillance System (BRFSS) survey has a module focused on collecting sexual orientation and gender identity (SOGI) data related to cancer risk factors. States are beginning to use this SOGI module to collect data on LGBT risk factors. There are some surveys that still need more work to properly ask SOGI questions.

11) **If possible, it would be helpful to learn more about the procedures that are covered for the trans population through MA and ACA**

**Dr. Rachel Levine:** Pennsylvania Medicaid provides coverage for all aspects of medically necessary gender confirmation care.

12) **Can you comment on whether and how clinicians may need to address youth, young adults and older adults and in what ways?**

**Dr. Rachel Levine:** Yes, age should be considered. Overall, all patients are looking for a supportive and affirming medical provider. A very good reference to review is a 2002 study published in the Journal of Adolescent Health, *How to reach sexual minority youth in the health care setting: the teens offer guidance*.

13) **What are the trending materials being used to educate the LGBTQ community on tobacco?**

**Adrian Shanker:** The LGBT community experiences significant tobacco use disparities in every region of Pennsylvania and across the country. Effective materials to educate the LGBT community about tobacco as an LGBT issue, or to promote prevention or cessation, are materials that are branded by a trusted LGBT organization. LGBT Healthlink has some great national resources including LGBT versions of the Tips From Former Smokers Campaign. At Bradbury-Sullivan LGBT Community Center, we produced stickers that say "LGBT Smoke-Free" which we distribute in gay bars and pride festivals to create visible clusters of non-smokers, and those have been very effective. Nationally, the FDA launched an incredible effective campaign called This Free Life. That campaign was effective because it featured authentic voices from within the LGBT community, including YouTubers, popular drag queens, and more, as well as messaging that speaks to the LGBT experiences of younger people today.

14) **Is there a good resource to check health maintenance requirements for trans* patients on hormones +/- surgery?**

**Dr. Rachel Levine:** The National Health Education Center and the Center of Excellence for Transgender Health both have free online resources for clinicians.

15) **What is the best approach to supporting young LGBT or questioning patients?**

**Dr. Rachel Levine:** It is important clinicians support patients in healthy discovery and self-acceptance. All patients should be asked non-judgmental questions about their sexual identity and gender identity. And be prepared with resources such as local LGBT community centers or GSAs.

16) **How can one find health care providers in Pennsylvania that are committed to providing support and care for LGBT patients?**

**Adrian Shanker:** In some parts of Pennsylvania, there are LGBT-specific health clinics -- we have some in Harrisburg, Philadelphia, Bethlehem, and Pittsburgh, as an example. But for many Pennsylvanians, they live in places where LGBT-specific health clinics don't exist. For community members who want to find LGBT-affirming providers, they could ask their local LGBT community centers or pride organizations for recommendations, we often have information about who in our communities is particularly affirming and welcoming. Similarly, healthcare professionals who believe they are LGBT-welcoming should be sure to introduce themselves to their local LGBT organizations. If this isn't an option because there isn't a local LGBT community-based organization in your area, community members can ask when making an appointment, "does the doctor have any experience working with the LGBT patient population". Additionally, Planned Parenthood is among the largest providers of healthcare to the LGBT patient population in the country -- they do provide all types of healthcare services, but they do provide many services, and a local Planned Parenthood clinic could likely make referrals to other affirming providers in their service area.

17) **What evidence-based approaches are effective in addressing barriers to care for LGBT individuals?**

**Dr. Regina Washington:** There are several evidence-based approaches to address barriers, such as healthcare coverage, anti-discrimination policies, cultural competent workforce and healthcare system, and patient navigation.

18) **Where can providers find additional resources on how to provide culturally and clinically competent care for LGBTQ people?**

**Dr. Rachel Levine:** I recommend starting at your local LGBT Community Center. If you don't have a local community center consider attending a conference, like the Trans Health Conference held annually in Philadelphia.

19) **How can health providers strengthen the positive relationship with LGBT communities?**

**Dr. Regina Washington:** Authentic and transparent approach to patient-provider interactions. Respectful and affirming communications. Meet LGBT populations where they are, meaning take time to visit an LGBT community center and develop a collaborative relationship. Complete a LGBT cultural competence training. Advocate for non-discriminatory policies within health care systems.

20) **How can I, as an ally, support the LGBTQ community?**

**Dr. Rachel Levine:** It is important that the LGBT not just be tolerated. Not just be accepted. But be celebrated for the diversity and perspective they can bring to the table. It is important that ally's be champions alongside of the LGBT community.

**21) How can knowing LGBT cultural competency help patient outcomes?**

**Dr. Regina Washington:**

- Reduce communication barriers.
- Increase awareness and understanding of LGBT culture and social health determinants.
- Strengthen provider-patient relationships and build trusting relationships which may in turn improve adherence to provider recommended behavior change and/or treatment.

**22) Does hormone replacement therapy put patients at increased risk for cancer or complications?**

**Dr. Rachel Levine:** Hormone replacement therapy for transgender people is a very safe with only minor side effects, but should be prescribed by a medical provider. Hormones should not be obtained on the internet or on the street.

**23) Why does SOGI data matter?**

**Dr. Regina Washington:** To better identify LGBT individuals at risk for chronic and infectious diseases and increase tailored programs and educational materials for LGBT communities.

**24) What are some resources available for LGBT cancer survivorship?**

**Dr. Regina Washington:** National, state, and community resources for LGBT cancer survivorship may include programs such as Sharsharet, Gilda's Club, National LGBT Cancer Network, cancer centers, LGBT community centers, and educational materials by various LGBT-serving organizations like CenterLink's LGBT HealthLink website.