



LGBT Welcoming Toolkit for Primary Care Practices

BWHC LGBT & Allies Employee Resource Group
<https://www.brighamandwomens.org/lgbt>
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Message from the BWHC LGBT & Allies ERG Board

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Our LGBT Welcoming Toolkit aims to help the BWHC primary care practices meet the needs of their lesbian, gay, bisexual, and transgender (LGBT) patients by delivering high quality, patient-centered care. Generally speaking, one in twenty patients identifies as L, G, B or T. Do you consider your practice particularly welcoming to members of the LGBT community?

In this toolkit you will find information about our LGBT & Allies Employee Resource Group, a glossary of terms, a checklist to gauge just how welcoming and inclusive your practice might be, information about ways to signal to LGBT patients that you want to meet their needs, tips on gathering information about sexual orientation and gender identity from patients and storing that information in eCare, and common stumbling blocks or misconceptions that even those with the best of intentions may unconsciously commit or have. We also point you to other resources about LGBT health and care for LGBT patients.

This toolkit is very much a living document that will continue to grow. We encourage you to provide us with your feedback. You can easily share your thoughts via our anonymous web-based survey:

<https://www.surveymonkey.com/r/LGBTtoolkit>.

Please feel free to reach out to us with any questions you may have. We are here to help.

Proudly,
The BWHC LGBT & Allies Employee Resource Group

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Mission of the BWHC LGBT & Allies Employee Resource Group

Established in 2008, the Brigham and Women's Health Care LGBT & Allies Employee Resource Group (ERG) seeks to create a welcoming and affirming environment for Lesbian, Gay, Bisexual and Transgender employees, patients, families and friends.

We accomplish this mission through the following means:

- Increasing visibility, awareness, and understanding of LGBT individuals and issues within all levels and aspects of the organization
- Educating providers and staff about the unique health and mental health care needs of LGBT patients and families
- Providing advocacy and support to BWHC employees with an interest and expertise in LGBT issues in the form of recruitment, mentorship, professional development, and access to benefits and resources
- Ensuring that all BWHC policies are LGBT-inclusive and that staff, employees, and patients are aware and educated about these
- Offering support, networking opportunities, and camaraderie among employees and staff at BWHC who are lesbian, gay, bisexual, transgender, and allies



Glossary of Terms and Concepts

These definitions were adapted and expanded from those developed by consensus of the Association of American Medical Colleges Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development and presented in AAMC's publication, *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD*. They are provided with the understanding that they are not meant to replace conversations with patients about sexual orientation, sexual practices, gender, etc.

SEXUAL ORIENTATION: an individual's inclination to feel sexual attraction or arousal to a particular body type or identity.

Bisexual: usually refers to a person who has a sexual attraction to both males and females.

Gay: usually refers to a person who identifies his or her primary romantic feelings, sexual attractions, and/or arousal patterns as being toward someone of the same gender or sex.

Homosexual: literally "same-sex," usually used as an adjective to refer to same-gendered relations.

Lesbian: usually refers to a female person who identifies her primary romantic feelings, sexual attractions, and/or arousal patterns as being toward a person of the same gender or sex.

Pansexual: usually refers to a person who identifies his or her primary romantic feelings, sexual attractions, and/or arousal patterns as being toward any person, without regard to gender or sex.

Straight/Heterosexual: literally "other sex" or "different sex," usually used as an adjective to refer to relations between a man and a woman.

Queer: a term available for *patients* to use in self-identifying their sexual orientation and/or gender.

ASSIGNED SEX AT BIRTH

Sex: the aggregate of an individual's biological traits (genotypical and phenotypical) as those traits map to male/female differentiation and the male-female anatomical and physiological spectrum (see also "natal sex").

Natal Sex: usually refers to the sex karyotype (XX, XY, XO, XXY, etc.) and sex phenotype (external genitals, gonads, internal sex organs) with which a person was born. Natal sex is typically what is used to give a baby a gender assignment as boy or girl.

Intersex: historically, a term used in biology and, later, in medicine to refer to beings (including people) whose sex development falls between the male-typical and female-typical forms. The use of the term as an identity label is currently in flux;

Difference of Sex Development (DSD): an emerging umbrella term for a wide variety of congenital conditions in which the development of chromosomal, gonadal, and/or anatomical sex is atypical.

GENDER IDENTITY: an individual's personal and subjective inner sense of self as belonging to a particular gender.

Gender: psychological, behavioral, and cultural characteristics that are believed to be associated with maleness and femaleness.

Gender Expression: mannerisms, personal traits, clothing choices, etc., that serve to communicate a person's identity as they relate to a particular societal gender role.

Genderqueer: an umbrella category for people whose gender identities are something other than male or female. People who are genderqueer may identify as: having an overlap or indefinite lines between gender identity and sexual and romantic orientation; being two or more genders; being without a gender; or moving between genders or having a fluid gender identity.

Trans Female-to-Male (FtM): usually refers to a transgender person who was identified as female at birth but who identifies as a male in terms of his gender identity.

Trans Male-to-Female (MtF): usually refers to a transgender person who was identified as male at birth but who identifies as a female in terms of her gender identity.

Checklist for an LGBT Welcoming Clinic

Intake and Record-keeping

- My intake forms differentiate between birth sex and current gender OR include transgender options (like MTF/trans-woman and FTM/trans-man) OR allow open-response (like “other”). In eCare, this information can be stored in the *Medical History* section of a patient’s chart.
- If applicable, my intake forms include “domestic partnership” and/or “partnered” in addition to options like single/married/widowed/divorced.
- I know how to address a patient’s concerns about the inclusion of sexual identity in paper or electronic health records.

Clinic Environment

- Our non-discrimination policy is visible and includes sexual orientation and gender identity. I enforce my institution’s policy on treatment of sexual minority patients and employees.
- My office provides and displays some educational materials that are either LGBT-inclusive or LGBT-specific.

Linguistic Sensitivity

- My medical and non-medical staff understand that families come in many different shapes. When we interact with patients, our language non-presumptively conveys this understanding.
- My medical and non-medical staff understand how to use a transgender patient’s preferred pronouns.
- When I ask about a patient’s intimate relationships, I begin with non-presumptive questions like “Who lives with you?” and “Are you in a relationship?” rather than “Are you married?” and “Do you have a boyfriend?”
- My interviewing technique reflects that sexual orientation, sexual behavior, and gender identity cannot be predicted from one another.

Clinical Practice

- I can provide appropriate safe sex advice and immunizations based on a patient’s sexual orientation and behaviors.
- I understand LGBT cancer risks and other health disparities and provide appropriate screening. I know what screenings to provide transgender patients who are transitioning or have transitioned surgically.
- I know why advance directives are particularly important to non-heterosexual couples, and I counsel these patients to get the important protections that advance directives can provide.
- I understand and can explain family planning options that are available to same-sex couples.
- With transgender patients, I can distinguish between medical issues that are within my scope of practice and those that are outside my scope of practice, and I do not needlessly refer these patients away.
- I can locate community resources that are particular to or inclusive of LGBT persons and their health needs, like smoking cessation programs or Alcoholics Anonymous.

Rainbow Stickers, Flags, and Decals

The rainbow flag has long been used by the LGBT community as a symbol of LGBT pride and LGBT social movements. The colors reflect the diversity of the LGBT community and the rainbow symbol is often used in Pride parades and LGBT civil rights marches. It is recognized worldwide. Many retail shops or restaurants, for example, display rainbow flags on their windows to signal that they are LGBT welcoming.

While the rainbow flag is universally recognized as a symbol of the LGBT community, keep in mind that the transgender community also has a separate flag that consists of five horizontal stripes: two light blue, two pink, and one white in the center.



LGBT flag



Transgender flag

Rainbow stickers can be placed on your (as well as all your staff's) badges so that they are conveniently displayed to patients with whom you interact, and office decals can be visibly placed throughout the clinic such as on doors and by reception to promote a welcoming environment for LGBT patients.



BWHC employees can obtain rainbow stickers at the BWH Medical Library and BWFH Human Resources office. Staff can also email bwhclgbt@partners.org to request rainbow stickers.

Listing “LGBT health” and “transgender care” among clinical interests in the provider directory

While most health issues affecting LGBT individuals are similar to those of the general population, we know that LGBT people have unique health needs and experience disparities in care. For years staff and patients at our sites have reached out to the BWHC LGBT & Allies Employee Resource Group (ERG) to help them identify providers who are trained and competent in meeting the health needs of LGBT patients. Indeed, our own physician referral service has asked the ERG for assistance in this regard.

As members of the ERG, one of our goals is to raise awareness and identify best practices for creating a welcoming environment for our LGBT patients. In an effort to achieve this goal and to provide more focused, patient-centered care to our LGBT patients, we encourage providers who meet the following criteria to list “LGBT health” and/or “transgender care” among their clinical interests in the provider directory. LGBT patients very often use the provider directory to identify providers who are LGBT welcoming and knowledgeable about LGBT health.

Clinical Interest: LGBT Health

- 1) Regularly cares for LGBT patients
- 2) Is knowledgeable about the unique and specific health needs of the LGBT community
- 3) Has participated in training or education in LGBT health (CME, LGBT lectures, conferences, etc.)

Clinical Interest: Transgender Care

- 1) Regularly cares for transgender patients
- 2) Is knowledgeable about the unique and specific health needs of the transgender community
- 3) Has participated in training or education in transgender care (CME, LGBT lectures, conferences, etc.)

5 Tips for Gathering Sexual Orientation and Gender Identity (SO/GI) Demographics in the Clinical Setting

As of Group 1 go-live on May 30, 2015, Partners eCare and the new Epic-based electronic health record system provides a standardized method for voluntary collection of sexual orientation and gender identity (SO/GI) demographics as part of a clinical visit. The collection of this clinical data at the discretion of both patient and provider is intended to enhance the provider's ability to understand their patient and provide patient-centered care.

Tip 1. Be open, kind, and respectful

Patients want to be visible but may also feel particularly vulnerable disclosing information about sexual orientation and gender identity. They may be concerned that it will not be kept confidential or will be somehow used against them. Fostering a respectful rapport and explaining the health care reasons for asking these questions is key to ensuring the exchange of information that high quality health care requires. Utilizing basic principles of cultural competence – empathy, curiosity, and respect – can facilitate the disclosure of sensitive information that is crucial to high quality patient-centered health care.

Tip 2. Discuss sexual orientation and gender identity as part of a thorough medical and sexual history

Partners eCare electronic health record provides a standardized method for collection of sexual orientation and gender identity demographics as part of a clinical visit. The collection of this data enhances a provider's ability to understand their patient and provide patient-centered care. Providers should ensure their patients feel comfortable with self-disclosure by initiating a respectful dialogue in private and articulating that all standards of patient privacy and confidentiality will be met.

Tip 3. Don't make assumptions; ask open questions

- Sexual orientation is self-identified and the documentation should reflect the patient's self-identified sexual orientation.
- When taking a sexual history, ask neutral questions (e.g. do you have sex with women, men or both?) but remember that sexual behavior is distinct from sexual identity. Both are important for medical care, however the demographics section referenced here is for documentation of sexual identity only, not specific sexual behavior.
- Avoid assumptions of gender based on appearance. Ask patients how they identify, what their preferred name is, and what pronouns they prefer to use.
- Document preferred names and pronouns and be sure to use them in all interactions.

Tip 4. Apologize promptly for any mistakes

There is a learning curve to becoming skilled at having these conversations. You may feel uncomfortable or awkward at first. You may make mistakes. If this happens, apologize promptly and make the necessary corrections to ensure it doesn't happen again.

Tip 5. Seek out additional education as necessary

If you encounter a situation where you are not sure what the best course of action is, seek out additional training and necessary resources. All patients deserve high quality health care that meets their unique needs. For additional resources, go to www.lgbthealtheducation.org. If you have any questions related to collection of sexual orientation and gender identity in eCare, please send questions to sogiecare@partners.org.

Top 5 Reasons to Collect Sexual Orientation and Gender Identity (SO/GI) Demographics in eCare

1. High Quality, Patient-Centered Health Care

All patients deserve to have health care that identifies and meets their specific needs.¹

A large national study of patients in four health centers across the United States demonstrated overwhelming support for the inclusion of SO/GI demographics in the medical record. Patients articulated understanding the need for this information to be accurately collected and documented in the medical record.²

Individual clinicians or practices may already collect these data however this is a *new opportunity* to standardize the methods for collection, creating a repository of accessible information which facilitates the identification and subsequent remediation of disparities.

2. Alignment with key recommendations

Key recommendations in Healthy People 2020, the 2011 the Institute of Medicine report on LGBT health issues and research gaps, the Joint Commission's LGBT Field Guide, and the federal government's implementation of the Patient Protection and Affordable Care Act encourage the collection of sexual orientation and gender identity as a means toward reducing LGBT health disparities.³

3. Cutting Edge Research

Significant documented health disparities affect LGBT people. Including sexual orientation and gender identity among the collected patient demographics will allow us to better quantify and understand those disparities. Better understanding of disparities will support better health care for all.⁴

4. Partners institutions are leaders in LGBT Healthcare Equality

The move toward collection of sexual orientation and gender identity data reflects our national leadership in healthcare delivery.

5. It's the right thing to do!

¹ Wimberly, YH, Hogben, M, Moore-Ruffin, J, Moore, SE, Fry-Johnson, Y. Sexual history-taking among primary care physicians. *Journal of the National Medical Association*. 2006; 98: 1924-1929; Dahan, R, Feldman, R, Hermoni, D. Is patient's sexual orientation a blind spot of family physicians? *Journal of Homosexuality*. 2008. 55: 524-532

² http://thefenwayinstitute.org/wp-content/uploads/COM228_SOGI_CHARN_WhitePaper.pdf;
<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0107104>

³ <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>,
<http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>,
http://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf,
http://www.whitehouse.gov/sites/default/files/docs/the_aca_helps_lgbt_americans.pdf

⁴ Healthy People 2020. Lesbian, gay, bisexual, and transgender health.
<http://www.healthypeople.gov/2020/topicsobjectives/overview.aspx?topicid=25>; Mayer KH, Bradford, JB, Makadon HJ, Stall, R, Goldhammer H, Landers S. Sexual and gender minority health: What we know and what needs to be done. *American Journal of Public Health*. 2008; 98: 989-995

Common Stumbling Blocks for Providers

Even healthcare providers who are familiar with the unique issues of sexual and gender minorities make mistakes. Professionals at every level of cultural competency often request advice about what stumbling blocks to avoid. Below, we identify some of the most common and most problematic stumbling blocks that may come up in your patient interactions.

Using inappropriate clinical reasoning once a patient's sexual minority status is known

A gay man who has had the same exclusive sex partner for twenty years does not require a heightened scrutiny of HIV if both were tested in recent years. Likewise, gonococcus should not automatically replace streptococcus as the most suspected cause of bacterial pharyngitis in WSW until the history of sexual behaviors suggests otherwise.

Over-identifying on the basis of having friends or family who are gay or lesbian

Do not be too eager to bring up your gay friend/son/sibling. Among other things, this can come off as saying, "If I know one of you, I know all of you."

Mentioning the "homosexual lifestyle," calling sexual orientation a "preference," and avoiding sexual and gender minority terminology

The terms "homosexual lifestyle" and "sexual preference" are likely to be interpreted as hostile. Similarly, avoiding the word "gay" when the patient self-identifies as gay can easily be interpreted as disinterest or rejection. It is usually effective to repeat back the term the patient uses.

"I treat all of my patients the same."

This sounds like an assertion that the status quo should be satisfactory for sexual and gender minorities. Many would disagree. It also implies that you think that you do not need to know much about patients in order to treat them.

Failing to recognize intimate partner violence in same-sex couples

Intimate partner violence occurs in same-sex couples—it is more prevalent in gay men than the general population and less prevalent in lesbian women than the general population. On the whole, physicians are worse at recognizing an abusive dynamic of power and control when the perpetrator is not a man and the victim is not a woman. Be prepared to screen for intimate partner violence in all relationships.

Assuming that transgender persons want to be teaching opportunities

Many transgender persons are happy to be involved in education of professionals, but a physician's excitement about sharing a rare opportunity can easily lead to an unwanted and invasive-feeling parade of white coats.

Failing to vocalize to LGBT patients that they do not deserve abuse or victimization

Sexual and gender minorities are used to being told that mistreatment is their fault. Acknowledging that mistreatment is not deserved is essential for creating rapport. For all patients, it is important to affirm, "You do not deserve to be treated like this."

"Which one of you is the *real* mother?"

When same-sex partners are raising children, it is preferable to ask which is the biological mother or father. However, just as with opposite-sex couples, it should also not be presumed that either of two parents is biologically related to a child.

"I have to ask -- do you have sex with men, women, or both?"

While it is good to normalize questions about sensitive topics like sexual behavior, expressing reluctance is unlikely to make the patient feel comfortable and less likely to uncover medically useful information. A better way of normalizing is to use a variation on "I ask all my patients..."

Myths and Misconceptions

- **Transvestitism (cross-dressing) is an indication that someone is transgender.**
While transgender people often dress differently to bring their gender expression in line with their identity, cross-dressing is often seen in non-transgender (cis-gender) persons and in performance styles like drag and many theatre traditions.
- **Transgender people want hormone therapy and to eventually complete surgery.**
Some are satisfied after changing their gender expression; others are satisfied with hormone therapy.
- **If someone identifies as gay or lesbian, I can assume he or she has been sexually active only with members of the same sex.**
Many people experiment sexually or have different sexual experiences for different reasons. Some try to pass as heterosexual; others only realize their sexual orientations later in life.
- **Transgender men do not need to worry about Pap smears and mammograms.**
Even transgender men (FTM) who transition surgically maintain parts of their original anatomy and require the appropriate screenings. Similarly, transwomen retain their prostates even after surgical genital alterations.
- **All LGB or transgender patients should be referred to psychiatry.**
Minority sexual orientations and gender identities are not intrinsically mental illnesses, but LGBT persons have higher risks of certain mental disorders due to the stresses of marginalization.
- **Lesbians do not get STIs and do not need Pap smears.**
Some vaginal infections that cannot be passed from women to men seem to be transmissible between women. HPV transmission between women is relatively common. Additionally, the majority of lesbians have had sex with men before.
- **Sexual minorities are promiscuous.**
Like heterosexuals, some are, and some are not. Sexual behavior cannot be assumed from sexual orientation, and that includes number and frequency of partners. That said, risky sexual behaviors are more likely in more homophobic communities and in persons with more extreme experiences of marginalization.
- **Gays and lesbians do not have children, and someone who has children can be assumed to be heterosexual.**
More than 1 in 3 lesbian women have given birth, and more than 1 in 6 gay men have fathered or adopted a child. Many more want children, and have unique needs relating to fertility and adoption.
- **Bisexuality is not a permanent state.**
It is true that many people go through periods of experimentation to better understand their sexual identities, and some people who identify as bisexual will later identify as heterosexual or homosexual. However, many also maintain a persistent attraction to both men and women.
- **A minority sexual orientation requires a history of homosexual sex.**
Like heterosexuals, sexual minorities are often aware of their sexual orientation before any sexual contact.
- **A heterosexually married person can be assumed to have no other sex partners or has only opposite- sex partners.**
Just as monogamy cannot be assumed from marriage, sexual behavior cannot be extrapolated from the appearance of being a “typical heterosexual.”

Selected Resources

The BWHC LGBT ERG carefully selected these resources for providers to assist them in offering culturally competent, evidence-based care to LGBT patients.

These and more are available on the Partners Employee Assistance Program website:
www.eap.partners.org/WorkLife/LGBTQ/Resources_for_LGBTQ_Individuals.asp

COMPREHENSIVE

The Fenway Institute's National LGBT Health Education Center

www.lgbthealtheducation.org

The Fenway Institute offers online learning modules, monthly webinars (and archives), and online courses for CME/CEU credit. Under Publications, see their briefs, especially “Improving the Health Care of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Understanding and Eliminating Health Disparities.”

They have published an excellent textbook dedicated to LGBT health, *The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health* (2008), ISBN-13: 978-1930513952.

Gay and Lesbian Medical Association (GLMA)

www.glma.org

Under Resources/Publications, see their “Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients.” GLMA prepares Top Ten guides for LGBT patients to bring up with their physicians (see Resources/For Patients). They also offer an online CME course on tobacco use and interventions for LGBT persons.

Institute of Medicine

www.iom.edu/

An IOM committee conducted a review assessing the state of the science on the health status of LGBT populations; identified research gaps and opportunities related to LGBT health; and outlined a research agenda that is assisting the NIH in enhancing its research efforts in this area. Search the IOM website for the report “The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.”

Centers for Disease Control and Prevention's LGBT Health page

www.cdc.gov/lgbthealth

TRANSGENDER HEALTH

World Professional Association for Transgender Health (WPATH)

www.wpath.org

WPATH is the world's preeminent organization dedicated to evidence-based care, education, research, advocacy, public policy, and respect in transgender and transsexual health. Their *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, version 7 is available free on their website.

UCSF – Center of Excellence for Transgender Health

www.transhealth.ucsf.edu

The Center's primary care protocols (under Routine Care) are clearly organized by topic.

TransLine

www.project-health.org/transline

TransLine is a national online transgender medical consultation service that offers health care providers up-to-date transgender clinical information and free individualized case consultation across a broad range of clinical transgender issues

MENTAL HEALTH

LGBT Mental Health Syllabus – www.aglp.org/gap

This website was created by the LGBT Issues Committee of the Group for the Advancement of Psychiatry (GAP) to teach psychiatry residents about caring for lesbian, gay, bisexual, transgender, and intersex patients. Impressive in both its breadth and depth, it should be useful to all health and mental health trainees and practitioners.

The LGBT Casebook (2012)

Edited by Petros Levounis, MD, MA, Jack Drescher, MD, and Mary E. Barber, MD, this book is an elegantly-written, rich resource that every psychiatrist should own. It is a masterfully organized exploration of everyday problems, concerns, and solutions for the professional treating LGBT persons with psychiatric diagnoses. Every physician can benefit from this casebook's excellent treatment of the unique social conditions of sexual minorities. ISBN-13: 978-1585624218.

DISORDERS OF SEX DEVELOPMENT/INTERSEX

Accord Alliance – www.accordalliance.org

Accord Alliance promotes comprehensive and integrated approaches to care that enhance the health and well-being of people and families affected by disorders of sex development (DSD). (Persons with DSD sometimes use the term *intersex* for themselves, and the abbreviation LGBT sometimes is extended to LGBTI.) The Accord Alliance hosts "Clinical Guidelines for the Management of Disorders of Sex Development" and a "Handbook for Parents" by the Consortium on the Management of Disorders of Sex Development.

COMMUNITY AND REGIONAL RESOURCES

Massachusetts Department of Health Services LGBT Youth Health website

www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/violence/safe-spaces.html

This page lists all regional and local resources for LGBT youth, which are great to have on hand for patients. Many of the resources are Massachusetts- or region-specific.

Parents and Friends of Lesbians and Gays (PFLAG) Greater Boston

www.gbpflag.org

PFLAG supports and educates parents, family, and friends of LGBT persons and LGBT persons like. Locally, they maintain a 24-hour helpline (866-427-3524) and should be the first stop for LGBT persons, family, and friends who could benefit from better social support.