Navigating Diverse Populations: LBGTQ and Minority Groups

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Hello
my name is
Mandi
my pronouns are
She, Her
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
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, identity, 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 individuals’ support person;

-American Health Lawyers Association and Human Rights Campaign, 2012
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. ▼
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
93% of all U.S. counties
Why don’t we know them?

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

…and we rarely *ask*.
What’s love (or identity) got to do with it?

National LGBT Cancer Network
The Basics: Terminology

Gender

Identity

----------------------------------------------

Sexual Orientation

Gender Identity

National LGBT Cancer Network
Terms

- pansexual
- queer
- gender variant
- LGBTQIA+
- DSD/Intersex
- SG L
- two spirit 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

Bar chart showing negative experiences among those with supportive and unsupportive families:
- Experienced homelessness: 27% supportive, 45% unsupportive
- Attempted suicide: 37% supportive, 54% unsupportive
- Currently experiencing serious psychological distress: 31% supportive, 50% unsupportive

Legend:
- % of respondents whose families were supportive
- % of respondents whose families were unsupportive
Smoking and LGBT Americans

**SMOKING IS THE LGBT COMMUNITY’S BIGGEST HEALTH BURDEN**

- **$7.9 billion**
  - Estimated annual LGBT money spent on cigarettes

- **33% LGBT Population**
  - LGBT people smoke cigarettes at rates that are **68% HIGHER** than the rest of the population.

- **20% U.S. Population**

- **LIFE-YEARS LOST**
  - 12.3 smokers with HIV vs 5.1 non-smokers with HIV

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

LGBT Healthlink, n.d
Tobacco marketing is insidious
* LGBTQ people are at elevated risk for depression, anxiety, and suicidality

* LGB youth are \textbf{4X} more likely to attempt suicide

* \textbf{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; Lambda 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!
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

Micro Aggressions

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

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Population</th>
<th>Research Summary (compared to general population)</th>
<th>Screening Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>LB Women</td>
<td>↑ Risk for breast cancer&lt;br&gt;↑ Age-adjusted risk for fatal cancer&lt;br&gt;↑ Incidence rates&lt;br&gt;↓ Mammography rates</td>
<td>Follow USPSTF for heterosexual counterparts</td>
</tr>
<tr>
<td>Transmen</td>
<td></td>
<td>• No studies on screening&lt;br&gt;• No increased risk of breast cancer</td>
<td>Annual chest wall/axillary exam and mammography for FtM as with natal females</td>
</tr>
<tr>
<td>Transwomen</td>
<td></td>
<td>• No studies on risk/screening&lt;br&gt;• No increased risk of breast cancer&lt;br&gt;↑ Late diagnosis and fatal cases</td>
<td>Biennial mammography for MtF if additional risk factors present (&gt;5 years hormone use, family history, etc.)</td>
</tr>
<tr>
<td>Cervical</td>
<td>LB Women</td>
<td>↓ HPV Vaccine uptake&lt;br&gt;↓ Lesbians have lower Pap tests&lt;br&gt;• No studies on incidence/prevalence</td>
<td>• Follow ACIP vax guidelines for all genders&lt;br&gt;• Follow USPSTF for Pap and HPV test for any patient with a cervix&lt;br&gt;• Primary HPV screening in patients 25-29</td>
</tr>
<tr>
<td>Transmen</td>
<td></td>
<td>↓ Lower Pap tests&lt;br&gt;↑ Odds of Pap with unsatisfactory cytology&lt;br&gt;• No studies on incidence/prevalence</td>
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</tr>
</tbody>
</table>

“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

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<th>Screening Recommendations</th>
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<tr>
<td>Gay and Bisexual Men</td>
<td>= Risk and incidence rates&lt;br&gt;↑ Diagnosis at later stage&lt;br&gt;↓ Poorer outcomes&lt;br&gt;↓ Less knowledgeable about cancer&lt;br&gt;↓ PSA screenings among African Americans</td>
<td>Follow USPSTF guidelines for heterosexual counterparts</td>
</tr>
<tr>
<td>Transgender Women</td>
<td>↓ Incidence rates (possibly due to testosterone deprivation)&lt;br&gt;• Few studies on transgender patients with hormone therapy</td>
<td>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</td>
</tr>
</tbody>
</table>

Truesdale et al., 2016, pp. 302-303
## Addressing Sexual Dysfunction

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<tr>
<th>Sexual Dysfunction</th>
<th>Concern</th>
<th>Treatment Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erectile Dysfunction</td>
<td>• More common in GB men than straight men</td>
<td>• Oral medications</td>
</tr>
<tr>
<td></td>
<td>• Stronger erections are required for anal penetration</td>
<td>• Vacuum erection devices</td>
</tr>
<tr>
<td></td>
<td>• Inability to obtain erection can cause distress</td>
<td>• Intracavernosal injection therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Intraurethral prostaglandin suppositories</td>
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<tr>
<td></td>
<td></td>
<td>• Penile implants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sex therapy</td>
</tr>
<tr>
<td>Premature Ejaculation</td>
<td>• Prevalence is similar to slightly less in GB men</td>
<td>• Sex therapist or other mental health provider</td>
</tr>
<tr>
<td></td>
<td>• Between 15-34% of MSM report psychological distress</td>
<td>• Working with sexual partner to adjust and establish new roles</td>
</tr>
<tr>
<td>Low libido and anorgasmia</td>
<td>• Decreased interest in sex or inability to orgasm can cause psychological distress in GB men</td>
<td>• Sex therapist or other mental health provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Working with sexual partner to adjust and establish new roles</td>
</tr>
<tr>
<td>Disruption of Ejaculation</td>
<td>• Cultural significance around ejaculation</td>
<td>• Sex therapist or other mental health provider</td>
</tr>
<tr>
<td></td>
<td>• Crucial to satisfying sex and maintaining relationships</td>
<td>• Working with sexual partner to adjust and establish new roles</td>
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</table>
HPV Vax Considerations

- Higher HPV+ rates for MSM
- Higher rates of HIV for MSM
- Prioritize vax for girls & boys
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
if you feel like the
gender of a person
using these facilities
doesn’t match the
sign on the door:

Don’t worry about it. They know
better than you.

By using this bathroom, you made
a public statement about your
identity.

Please allow others to do the same
in peace.
DO 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.

MIND YOUR BUSINESS.
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.
Gender neutral bathrooms are not just kind, they \textbf{OFFER SAFETY} to transgender and gender nonconforming people.
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
References

References

References

References


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References


References


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