

PARTICIPANT HANDOUTS
“Lunchtime Learning” Professional Skill Development
Distance Learning Series Event #7:
Achieving Equity in Health Care for LGBT People

Presented by:

Kevin Ard, MD, MPH, Medical Director, National LGBT Health Education Center, The Fenway Institute, Fenway Health; Faculty, Division of Infectious Diseases at Massachusetts General Hospital; Instructor in Medicine, Harvard Medical School

Live Broadcast Date/Time:

Wednesday, Sept. 30, 2015

1:00–2:00pm Mountain Time / 2:00–3:00pm Central Time

Series Overview:

Join Community Health Association of Mountain/Plains States (CHAMPS) and Colorado Community Health Network (CCHN) for the [**“Lunchtime Learning” Professional Skill Development Distance Learning Series!**](#) These six one-hour webcasts will take place between April and September of 2015. Participants may attend any selection of events; all are designed to provide professional development and skills improvement as a component of a continuous process of advanced practice transformation, with the goal of positively impacting retention rates at Region VIII health centers. The events are primarily targeted at health center administrative and clinical support staff, although staff members from all levels of the health center are welcome.

Event Overview:

Healthy People 2020 and the Institute of Medicine have identified key health disparities faced by the Lesbian, Gay, Bisexual, and Transgender (LGBT) population. Engagement of LGBT populations is critical to providing culturally responsive care and population based health to reduce health disparities. This session provides an overview of LGBT health disparities, demographics, communication, and terminology, as well as key strategies for bringing high quality care to LGBT people at health centers.

Learning Objectives:

Upon completion of this session, participants should be able to:

1. Explain LGBT concepts and terminology
2. Identify 3 principles for effective communication with LGBT patients
3. Describe how to create welcoming clinical environments for LGBT people
4. Identify clinical practice guidelines that apply to the care of LGBT people

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SERIES TIMELINE

Event #1: Student Loan Management and Repayment Options – Archive Available

Event #2: Customer Service: The Art of Caring – Archive Available

Event #3: Civility in the Workplace: Creating a Friendlier and More Productive Work Environment - Archive Available

Event #4: Foundations for Influencing: Asking for What You Want - Archive Available

Event #5: Foundations for Influencing: Facilitation of Problem Solving – Archive Available

Event #6: Cultural Competency –Archive Available

Event #7: **NEW!** Achieving Equity in Health Care for LGBT people (9/30/2015)

Visit <http://championline.org/events-trainings/distance-learning> for complete details, including registration for individual events.

CHAMPS ARCHIVES

This event will be archived online and on CD-ROM. The online version will be available within two weeks of the live event, and the CD will be available within two months. CHAMPS will email all identified participants when these resources are ready for distribution. For information about all CHAMPS archives, please visit <http://championline.org/events-trainings/distance-learning>.

DESCRIPTION OF CCHN

Colorado Community Health Network (CCHN) is a non-profit organization representing the 18 Colorado Community Health Centers (CHCs) that together are the backbone of the primary health care safety-net in Colorado. CCHN is committed to educating policy makers and stakeholders about the unique needs of CHCs and their partners, providing resources to ensure that CHCs are strong organizations, and supporting CHCs in maintaining the highest quality care. For more information about CCHN, please visit www.cchn.org.

DESCRIPTION OF CHAMPS

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally-funded Community, Migrant, and Homeless Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, please visit www.CHAMPSonline.org.

SPEAKER BIOGRAPHY

Dr. Kevin Ard is a faculty member in the Division of Infectious Diseases at Massachusetts General Hospital, an Instructor in Medicine at Harvard Medical School, and Medical Director of the National LGBT Health Education Center. He completed the Doris and Howard Hiatt Residency in Global Health Equity and Internal Medicine at Brigham and Women's Hospital as well as the fellowship in infectious diseases at Brigham and Women's and Massachusetts General Hospitals. Dr. Ard also served as a chief medical resident at Brigham and Women's Hospital. He is the recipient of the Edward H. Kass award for clinical excellence from the Massachusetts Infectious Disease Society and the Soma Weiss award for excellence in teaching from Brigham and Women's Hospital. Dr. Ard has written and lectured widely on LGBT health disparities, intimate partner violence in LGBT relationships, and HIV prevention. His current interests include LGBT health education, the intersection of clinical medicine and public health, and the care of patients with HIV and hepatitis C.

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Caring for LGBT People: Achieving Equity in Health Care

Presented by: Kevin L. Ard, MD, MPH
National LGBT Health Education Center
Massachusetts General Hospital

.....
Wednesday, September 30, 2015

1PM-2PM Mountain Time / 2PM-3PM Central Time

*Lunchtime Learning: Professional Skill Development
Distance Learning Series, Part 7 of 7*

Hosted by:

www.cchn.org



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Interactive Poll

How knowledgeable do you feel about the unique health needs of LGBT people?

- Not at all knowledgeable
- Somewhat knowledgeable
- Knowledgeable
- Pretty knowledgeable
- Completely knowledgeable



Interactive Question

How many total people are watching this event at your computer (yourself included)?



Learning Objectives

At the end of the session, participants will be able to:

- Explain LGBT concepts and terminology
- Identify 3 principles for effective communication with LGBT patients
- Describe how to create welcoming clinical environments for LGBT people
- Identify clinical practice guidelines that apply to the care of LGBT patients

Who we are

The goal of the **National LGBT Health Education Center** is to foster high-quality, affirmative, cost-effective care for LGBT people by providing educational programs, resources, and consultation.

- Training and technical assistance
- Grand rounds
- On-line learning
- Resources and publications

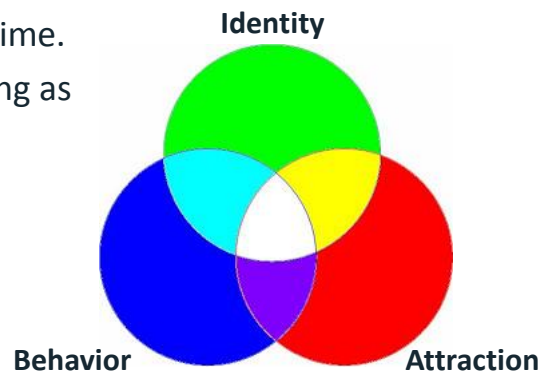


Concepts and demographics

LGBT

Sexual orientation

- Everybody has one.
- It may change over time.
- It's not the same thing as gender identity.
- It consists of 3 dimensions:



Behavior ≠ identity

- **NHANES:** < 50% of people who report same-sex sexual behavior identify as L, G, or B ^(1, 2)
- **NYC Survey:** 73% of MSM identified as heterosexual ⁽³⁾

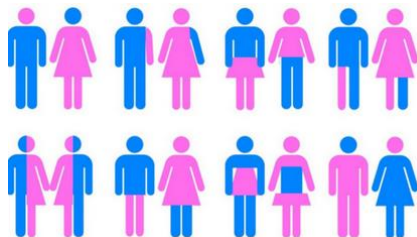
Bottom Line:

1. You don't know someone's sexual identity until they tell you.
2. It is whatever they say it is.

1. Xu F, Sternberg MR, Markowitz LE. Men who have sex with men in the United States: demographic and behavioral characteristics and prevalence of HIV and HSV-2 infection: results from National Health and Nutrition Examination Survey 2001-2006. *Sex Transm Dis.* 2010;37(6):399.
2. Xu F, Sternberg MR, Markowitz LE. Women who have sex with women in the United States: prevalence, sexual behavior, and prevalence of herpes simplex virus type 2 infection – results from National Health and Nutrition Examination Survey 2001-2006. *Sex Transm Dis.* 2010;37(7):407.
3. Pathela P, et al. Discordance between sexual behavior and self-reported sexual identity: a population-based survey of New York City men. *Ann Intern Med.* 2006;145(6):416-425.

Gender identity

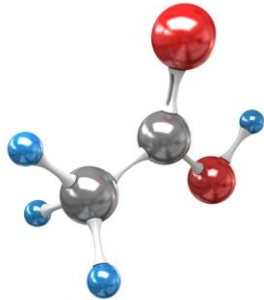
- Everybody has one.
- It's not the same thing as sexual orientation.
- = One's internal sense of maleness and/or femaleness



Transgender

Definition

Having a gender identity that is not congruent with one's sex assigned at birth

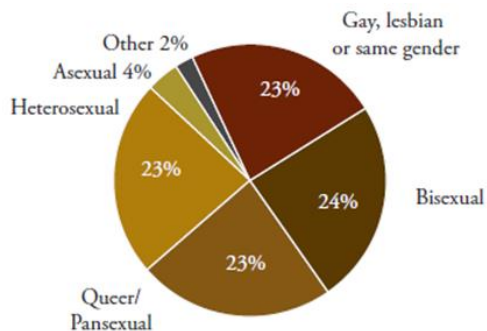


More terms:

- Transgender woman, trans woman, male-to-female transgender person
- Transgender man, trans man, female-to-male transgender person
- Genderqueer/fluid
- Cisgender
- **Gender dysphoria**

Transgender people may be of any sexual orientation.

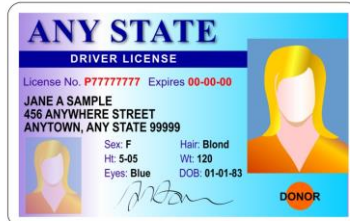
Sexual orientations reported by 6,450 respondents to a national survey of transgender individuals



Grant JM, Mottet LA, Tanis J, et al. Injustice at every turn: a report of the national transgender discrimination survey. Available from: http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf

Gender affirmation

Also known as **transition**



The number of Americans who identify as LGB is closest to the population of which state?

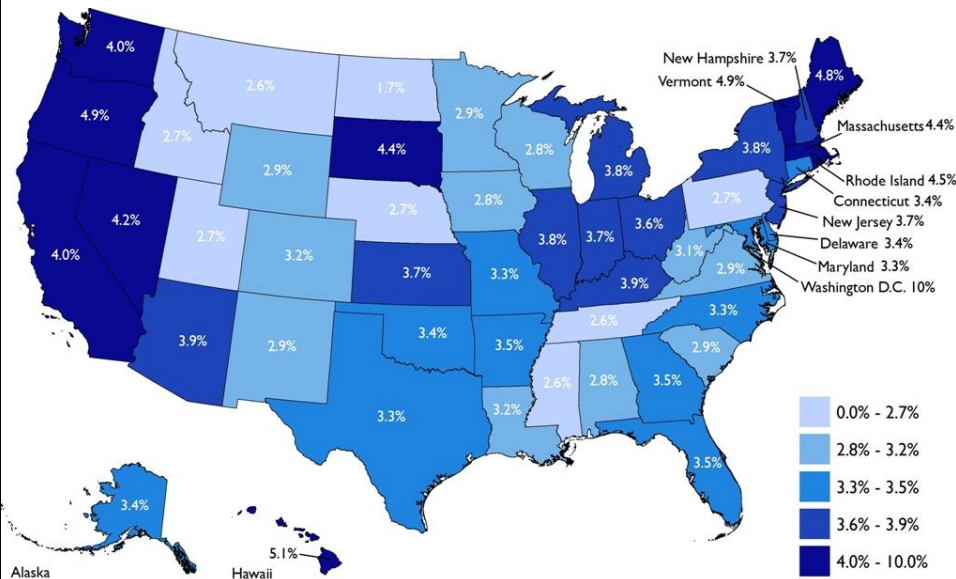
- A. Wyoming
- B. Iowa
- C. Ohio
- D. California

The number of Americans who identify as LGB is closest to the population of which state?

- A. Wyoming (600,000 people)
- B. Iowa (3 million people)
- C. Ohio (11 million people)
- D. California (38 million people)

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Gates GJ, Newport F. Gallup special report: new estimates of the LGBT population in the United States. Available from: <http://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/gallup-lgbt-pop-feb-2013/>.



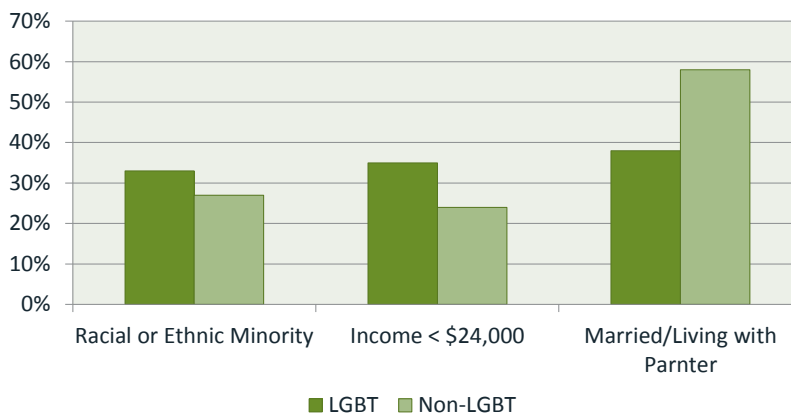
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The number of transgender adults in the US is closest to the population of which state?

- A. Wyoming
- B. Alaska
- C. Missouri
- D. Kansas

LGBT individuals are more likely to be non-white, poor, and single.



Gates GJ, Newport F. Special report: 3.4% of U.S. adults identify as LGBT. Gallup. 2012. Available from: www.gallup.com/poll/158066/special-report-adults-identify-lgbt.aspx?version=print

Stigma and discrimination

Discriminatory experiences are common for LGBT adults.

- 39% rejected by a family member or friend
- 30% threatened or attacked
- 29% made to feel unwelcome at a place of worship
- 23% treated poorly in a restaurant or other public accommodation
- 21% treated unfairly by an employer

A survey of LGBT Americans: attitudes, experiences, and values in changing times. Pew Research Center, 2013. Available at: <http://www.pewsocialtrends.org/2013/06/13/a-survey-of-lgbt-americans/>.

Transgender persons often encounter discrimination.

- 19% refused housing
- 26% fired for being transgender
- 78% harassed at school, including by teachers
- 53% harassed in public
- 25% harassed in a doctor's office
- 19% refused medical care

Grant JM, Mottet LA, Tanis J, et al. Injustice at every turn: a report of the national transgender discrimination survey. Available from: http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf

How do stigma and discrimination affect health?

- **Minority Stress Model:**
 - Stressful prejudice events
 - Everyday micro-aggressions
 - Expectations of rejection
 - Cognitive burden of negotiating "outness"
 - Internalized homo-/transphobia
- **Avoidance of health care** due to the expectation of discrimination



Frost DM, Levahot K, Meyer IH. Minority stress and physical health among sexual minority individuals. J Behav Med. 2015;38:1-8.

Examples of stigma-health associations

- Prejudice-related stressful life events are associated with an increased risk of physical health problems ⁽¹⁾
- Internalized homophobia, experiences of discrimination, and expectations of rejection (but not general bereavement) are associated with HIV risk behavior ⁽²⁾
- In states without legal protections for LGB individuals, disparities in psychiatric illness between LGB persons and others are greater ⁽³⁾
- Heterosexuals with higher levels of anti-gay prejudice have lower life expectancies ⁽⁴⁾

1. Frost DM, Levahot K, Meyer IH. Minority stress and physical health among sexual minority individuals. *J Behav Med.* 2015;38:1-8.
2. Hatzenbuehler ML, Nolen-Hoeksema S, Erickson SJ. Minority stress predictors of HIV risk behavior, substance abuse, and depressive symptoms: results from a prospective study of bereaved gay men. *Health Psychol.* 2008;27(4):455-462.
3. Hatzenbuehler ML, Keyes KM, Hasin DS. State-level policies and psychiatric morbidity in lesbian, gay, and bisexual populations. *Am J Public Health.* 2009;99(12):2275-2281.
4. Hatzenbuehler ML, Bellatore A, Muennig P. Anti-gay prejudice and all-cause mortality among heterosexuals in the United States. *Am J Public Health.* 2014;104(2):332-337.

Health disparities

Which conditions are more prevalent among MSM than other men?

Smoking
Illicit drug use
Depression
Sexual assault
Limited health care access
Syphilis
HIV
Anal cancer

1. Conron KJ, et al. A population-based study of sexual orientation identity and gender differences in adult health. *Am J Public Health*. 2010;100:1953-1960.
2. Buchmueler T, Carpenter GS. Disparities in health insurance coverage, access, and outcomes for individuals in same-sex versus different-sex relationships, 2000-2007. *Am J Public Health*. 2010;100(3):489-95.
3. New HIV infections in the United States. CDC. 2012. Available from: www.cdc.gov/nchhstp/newsroom/docs/2012/HIV-Infections-2007-2010.pdf.
4. Gilman SE, et al. Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *Am J Public Health*. 2001;91(6):933-939.
5. Reported STDs in the United States. CDC. 2014. Available from: <http://www.cdc.gov/nchhstp/newsroom/docs/STD-Trends-508.pdf>.

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Which statement is true about HIV and MSM?

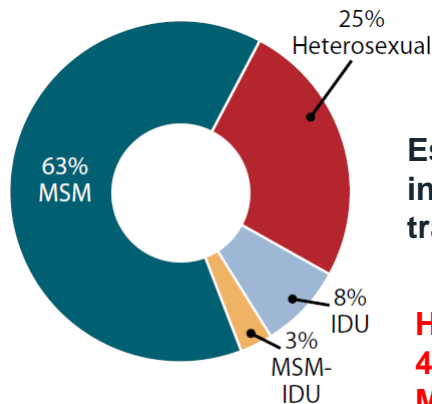
- A. Black MSM are the only demographic group in which the incidence of HIV is rising.
- B. MSM taking PrEP (pre-exposure prophylaxis for HIV) tend to increase their sexual risk behavior, negating the benefits of PrEP.
- C. Antiretroviral treatment of HIV reduces the risk of sexual transmission among heterosexual but not MSM couples.
- D. MSM account for a minority of new HIV diagnoses each year in the United States.

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The majority of new HIV infections occur in MSM.



Estimated new HIV infections in 2010, by transmission category (1)

HIV incidence increased 48% among young, black MSM from 2006-2009 (2).

1. New HIV infections in the United States. CDC. 2012. Available from: www.cdc.gov/nchhstp/newsroom/docs/2012/HIV-Infections-2007-2010.pdf.

2. Prejean J, et al. Estimated HIV incidence in the United States, 2006-2009. PLoS ONE. 2011;6(8):e17502.

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Why are black MSM disproportionately burdened by HIV?



- Sexual behavior
- Substance abuse
- Limited health care access
- Less frequent HIV testing
- Delayed treatment of STIs
- High HIV prevalence in black MSM networks

HIV among African American gay and bisexual men. CDC. 2015. Available at: <https://www.cdc.gov/hiv/group/msm/bmsm.html>

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By age 40, one quarter of urban MSM are infected with HIV.

AGE (years)	Proportion HIV-infected (%)
18-24	12
25-29	15
30-39	19
≥ 40	26



= adult HIV prevalence in Swaziland, the nation most affected by HIV

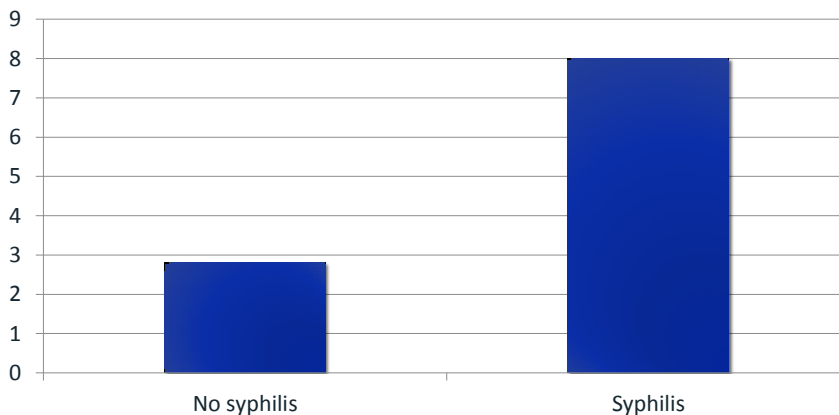
Wejnert C, et al. HIV infection and awareness among men who have sex with men – 20 cities, United States, 2008 and 2011. PLoS ONE. 2013;8(10):e76878.

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Syphilis predicts HIV acquisition in MSM and transgender women.

HIV incidence, per 100 person years



Solomon MM, et al. Syphilis predicts HIV incidence among men and transgender women who have sex with men in a preexposure prophylaxis trial. Clin Infect Dis. 2014;59(7):1020.

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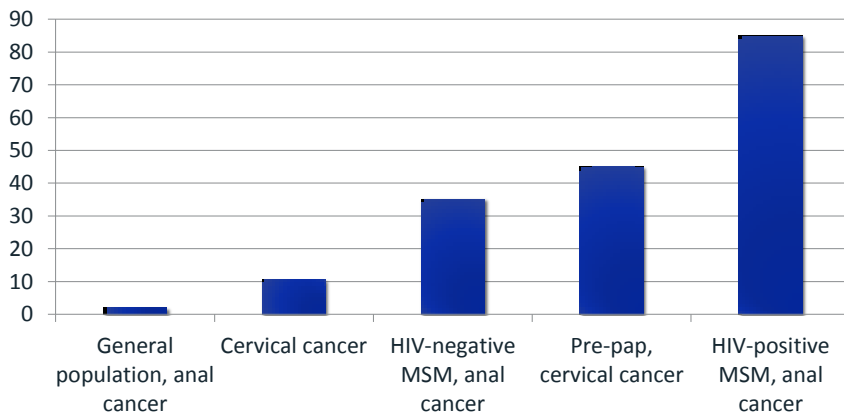
PrEP: A game-changer for prevention?

- PrEP is indicated for individuals at high risk of HIV infection.
- Once daily, oral tenofovir-emtricitabine is the only medication FDA-approved for PrEP.
- Common side effect = nausea; serious side effects rare
- Efficacy is highly dependent on adherence.



MSM face an increased risk of anal cancer.

Cancer incidence, cases per 100,000



1. D'Souza G, et al. Incidence and epidemiology of anal cancer in the Multicenter AIDS Cohort Study. *J Acquir Immune Defic Syndr.* 2008;48(4):491.

Which conditions are more prevalent among WSW than other women?

Smoking
Illicit drug use
Depression
Sexual assault
Limited health care access
Overweight/obesity

1. Conron KJ, et al. A population-based study of sexual orientation identity and gender differences in adult health. *Am J Public Health.* 2010;100:1953-1960.
2. Buchmueller T, Carpenter CS. Disparities in health insurance coverage, access, and outcomes for individuals in same-sex versus different-sex relationships, 2000-2007. *Am J Public Health.* 2010;100(3):489-95.
3. Gilman SE, et al. Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *Am J Public Health.* 2001;91(6):933-939.

WSW are less likely to be screened for cervical cancer than other women.

- Common reasons for lack of screening are ⁽¹⁾:
 - No insurance
 - Prior negative experiences with screening
 - Belief that they are unnecessary for WSW
- HPV and HSIL are detected in some exclusive WSW ⁽¹⁾.
- Most self-identified lesbian women report prior sexual experiences with men ⁽²⁾.

1. Marrazzo JM, et al. Papanicolaou test screening and prevalence of genital human papillomavirus infection among women who have sex with women. *Am J Public Health.* 2001;91(6):947-52.
2. Diamant AL, et al. Lesbians' sexual history with men: implications for taking a sexual history. *Arch Intern Med.* 1999;159:2730-2736.

Which conditions are more prevalent among transgender persons than the general population?

Smoking
Illicit drug use
Depression
Limited health care access
Alcohol abuse
Partner violence
HIV

1. Landers S, Gilsanz P. The health of lesbian, gay, bisexual, and transgender (LGBT) persons in Massachusetts. Massachusetts Department of Public Health. 2009. Available from: <http://www.mass.gov/eohhs/docs/dph/commissioner/lgbt-health-report.pdf>.
2. Herbst JH, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS Behav.* 2008;12(1):1-17.

LGBT youth face unique challenges.



- The struggles of adolescence, plus:
 - Establishing a sense of their sexual/gender identity
 - Social isolation, bullying
 - Lack of support
- Anxiety, depression, substance abuse
- Family rejection, which is associated with adverse health outcomes.
- For many, homelessness

LGBT youth say they most want what from their providers?

- A. A provider of the same gender and sexual orientation.
- B. A provider with experience caring for LGBT youth
- C. A provider who treats them the same way he or she would treat non-LGBT youth
- D. A provider who is educated about LGBT health issues

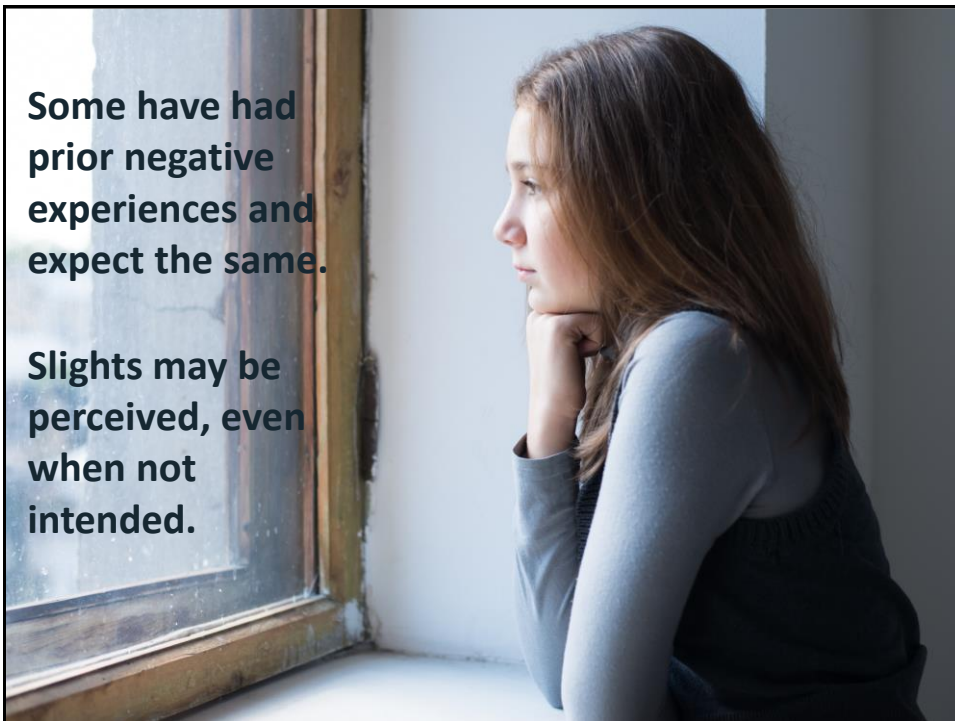
What do LGBT youth want from providers?

- **Most important:**
 - Competence, respect, honesty, not judgmental
 - Treats LGBT youth the same as other youth
- **Less important:**
 - Experience working with LGBT youth
- **Least important:**
 - Being of the same gender and/or sexual orientation

Improving communication

**Some have had
prior negative
experiences and
expect the same.**

**Slightings may be
perceived, even
when not
intended.**



Avoid assumptions

- You cannot know people's sexual orientation or gender identity until they tell you.
- Avoid assumptions about clients' relationships to people they bring along to appointments; politely ask, instead.
- Listen to how people describe their identities, partners, and families; use the same terms, if you are comfortable.
- You cannot always determine someone's gender based on their name, or how they look or sound.

Use preferred names/pronouns for transgender patients.

- The correct pronoun is the one that corresponds to their gender identity and expression.
- Preferred names and pronouns may not match the insurance or medical record information.
 - "Could your chart or insurance be listed under a different name?"
- If you are unsure about the preferred name or pronoun, simply ask politely.
- Ask the only questions that are necessary to do your job.

Keeping up with terminology

Outdated Terms	Preferred Terms
Homosexual	Gay, lesbian, bisexual, LGB, (MSM, WSW)
Transgendered	Transgender
Sexual preference, lifestyle	Sexual orientation
Queer	Queer (genderqueer, genderfluid)

Creating a welcoming environment

First, self-reflection



- What are your biases or stereotypes about LGBT people? Where do these come from?
- Are you comfortable discussing same-sex sexual activity with patients?
- Do LGBT staff in your workplace feel comfortable living openly?



LGBT-friendly care

- LGBT persons tend to scan the environment for clues to acceptance; posters and brochures matter.
- Language matters: Forms should reflect the full range of sexual and gender identity and expression.
- Develop a policy of non-discrimination on the basis of sexual orientation, gender identity, and gender expression and display it prominently.
- Train all staff members, including frontline desk workers, about LGBT-friendly care.

Collect information on sexual orientation and gender identity from all patients.

- Recommended by the Institute of Medicine and the Joint Commission
- Essential to measuring the quality of care and patient satisfaction and making progress on eliminating health disparities
- These questions are acceptable and understood by patients (even those who are not LGBT).

Ask a multiple-choice question about sexual-orientation

<p>1. Which of the categories best describes your current annual income? Please check the correct category:</p> <p><input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,000-14,999 <input type="checkbox"/> \$15,000-19,999 <input type="checkbox"/> \$20,000-29,999 <input type="checkbox"/> \$30,000-49,999 <input type="checkbox"/> \$50,000-79,999 <input type="checkbox"/> Over \$80,000</p>	<p>2. Employment Status:</p> <p><input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student full time <input type="checkbox"/> Student part time <input type="checkbox"/> Retired <input type="checkbox"/> Other _____</p>	<p>3. Racial Group(s):</p> <p><input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi racial <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Native/Inuit <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____</p>	<p>4. Ethnicity:</p> <p><input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Not Hispanic/Latino/Latina</p> <p>5. Country of Birth:</p> <p><input type="checkbox"/> USA <input type="checkbox"/> Other _____</p>
<p>6. Language(s):</p> <p><input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский</p>	<p>7. Do you think of yourself as:</p> <p><input type="checkbox"/> Lesbian, gay, or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something Else <input type="checkbox"/> Don't know</p>	<p>8. Marital Status:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____</p> <p>8. Veteran Status:</p> <p><input type="checkbox"/> Veteran <input type="checkbox"/> Not a veteran</p>	<p>1. Referral Source:</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Health Provider <input type="checkbox"/> Emergency Room <input type="checkbox"/> Ad/Internet/Media/Outreach Worker/School <input type="checkbox"/> Other _____</p>

Collecting data on gender identity

▪ What is your current gender identity? (check ALL that apply)

- Male
- Female
- Transgender Male/Trans Man/FTM
- Transgender Female/Trans Woman/MTF
- Gender Queer
- Additional Category (please specify)

▪ What sex were you assigned at birth? (Check One)

- Male
- Female
- Decline to Answer

▪ What is your preferred name and what pronouns do you prefer (e.g. he/him, she/her)?



Sausa LA, Sevellus J, Keatley J, Iniguez JR, Reyes M. Policy recommendations for inclusive data collection of trans people in HIV prevention, care and services. Center for Excellence for Transgender HIV Prevention: UCSF. 2009.

Resources



10

TEN THINGS:

CREATING INCLUSIVE HEALTH CARE ENVIRONMENTS FOR LGBT PEOPLE

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 July 2015

Do ask, do tell.

Do Ask, Do Tell:
 Talking to your health care provider about being LGBT

Do Ask, Do Tell

Let your provider know if you are LGBT. Your provider will welcome the conversation. **Start today!**

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Pregunte y dígalo

Deje que su proveedor sepa si usted es LGBT. Su proveedor apreciará la conversación. **¡Comience hoy!**

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Take-home points

- Sexual identity and behavior often do not correlate.
- Sexual orientation and gender identity are distinct concepts.
- LGBT individuals face several health disparities, many of which originate with stigma and discrimination.
- Keys to effective communication with LGBT individuals including demonstrating openness to discussing LGBT issues and avoiding assumptions.

Thank you!



Kevin L. Ard, MD, MPH

Medical Director, National LGBT Health
Education Center

kard@partners.org

Please join us next year for a new
**Lunchtime Learning Professional Skill
Development** webinar series!



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Thank You for Joining Us!

Your opinions are very important to us.

Please complete the Evaluation for this event. Those attending the entire event and completing the Evaluation questions will receive a Certificate of Participation.

Each person should fill out their own Evaluation Survey.

Please refer to the SurveyMonkey link provided under the “Handouts” tab of the online event. The same link was provided in the reminder email sent out in advance of the event, and will be included in a follow-up email to those logging onto the live event. Please pass the link along to others viewing the event around a shared computer.

To learn more about trainings offered by CHAMPS and CCHN, please visit:

- www.CHAMPSonline.org/Events/
- www.CCHN.org/training-and-events