

# PART ONE

## LGBTQIA+ Health Resources

**Informing Nursing Practice to Deliver Effective  
Healthcare to Sexual and Gender Minority Populations**

Wednesday, September 16, 2020 at 2:30 pm ET



**Perry N. Halkitis, PhD, MS, MPH**

Dean and Professor of Biostatistics  
and Urban-Global Public Health,  
Rutgers School of Public Health



**NATIONAL  
NURSE-LED CARE  
CONSORTIUM**  
a PHMC affiliate



**PENNSYLVANIA  
ACTION  
COALITION**  
A healthy PA through nursing



**BRADBURY-SULLIVAN**  
LGBT COMMUNITY CENTER

*Serving the LGBT Community  
of the Greater Lehigh Valley*

# PART ONE

# Disclosures

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- There is no potential conflict of interest or financial interest by the faculty and/ or planners of this activity to be disclosed
- There is no endorsement by the National Nurse-Led Care Consortium, PA Action Coalition, the Bradbury-Sullivan LGBT Community Center, the University of Pittsburgh or ANCC of any commercial products discussed / displayed in conjunction with this educational activity
- The entire session and the participant feedback tool must be completed to earn contact hours

## LGBTQIA+ Health Resources Webinar Series

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- **Part One: Informing Nursing Practice to Deliver Effective Healthcare to Sexual and Gender Minority Populations**
  - Perry N. Halkitis, PhD, MS, MPH Dean and Professor of Biostatistics and Urban-Global Public Health, Rutgers School of Public Health Director, Center for Health, Identity, Behavior & Prevention Studies (CHIBPS) Founding Editor in Chief, Annals of LGBTQ Public and Population Health
  
- **Part 2: Providing Affirming Nursing Care for Black LGBTQ Community Members**
  - Wednesday, October 14, 2020, 3:00 pm ET
  - Jonathan Lassiter, PhD, Assistant Professor of Psychology at Rowan University

9/16/2020

# Welcome from the Bradbury-Sullivan LGBT Community Center

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**Adrian Shanker, Executive Director**



# **Informing Nursing Practice to Deliver Effective Healthcare to Sexual and Gender Minority Populations**

**Perry N. Halkitis, PhD, MS, MPH (He/Him/His)**

**Dean**

**Professor of Biostatistics and Urban-Global Public Health**

**Director, Center for Health, Identity, Behavior & Prevention Studies (CHIBPS)**

**School of Public Health, Rutgers University**

# Learning Objectives

- Define terms, concepts and approaches related to sexual and gender minority (SGM, LGBTQ+) health
- Summarize the health disparities faced by SGM populations
- Delineate the healthcare challenges faced by SGM individuals
- Apply strategies for working with the SGM populations in healthcare settings



# **TERMS, CONCEPTS & APPROACHES**

# LGBT/LGBTQ

- Acronym:
  - Lesbian
  - Gay
  - Bisexual
  - Transgender
- Queer or Questioning
- Not monolithic
  - intersectionality
- Distinct subpopulations with own specific health challenges



# LGBTQ Population Estimates

- 8 million people (3.5%) identify as gay, lesbian, or bisexual
- 700,000 people identify as transgender

**= at least 9 million LGBT people**

- 19 million people (8.2%) have engaged in same-sex sexual behavior
- 25.6 million people (11%) acknowledge same-sex attraction

**U.S. LGBTQ population is now 4.5 percent, study concludes**

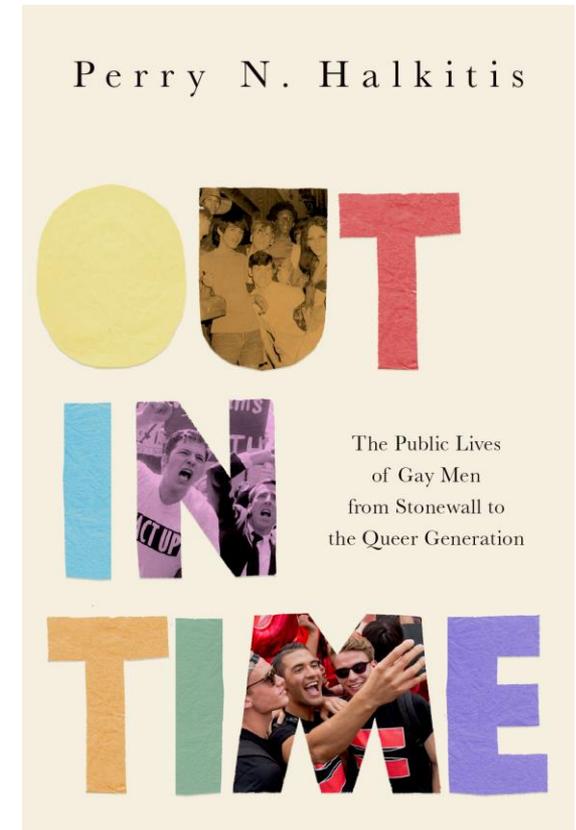
Millennials Are Driving LGBT Population Growth, According To Gallup's Latest Poll

**11 Million  
LGBT individuals  
in the U.S.**

# Intersectionality

*Intersectionality informs the ongoing and evolving understanding that “a gay man is not a gay man is not a gay man.” (Halkitis, 2019)*

- LGBT people hold multiple identities that reflect their own understanding of their race, ethnicity, culture, class, and myriad other aspects of being, including their gender identity and sexual identity
- A core component of intersectional theory is that these identities do not exist in isolation but rather work together to shape how an individual thinks of themselves and experiences life. In other words, race does not exist separately from sexual identity or class or gender identity; rather these identities interact and shape the realities and life conditions of a person— and these identities cannot easily be split apart.

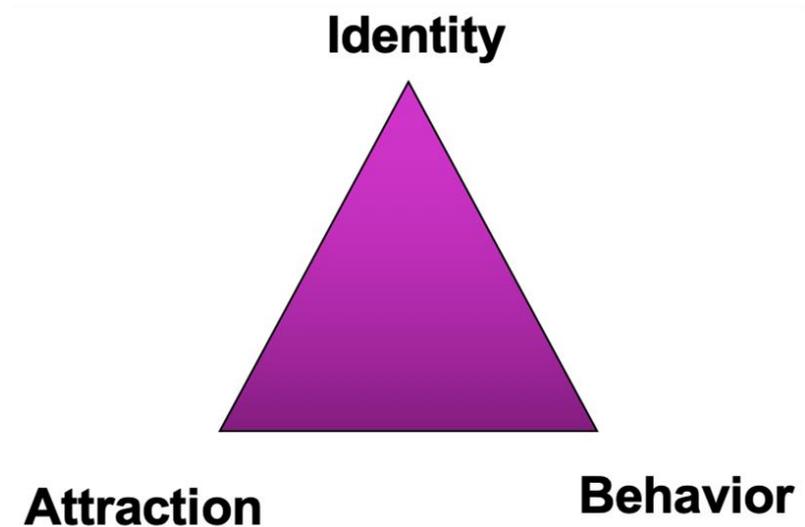


# Behavior vs. Sexual Orientation

- Behavioral/Epidemiological terms
  - MSM (men who have sex with men)
  - WSW (women who have sex with women)
  - CDC
  - Fail to understand the key role sexual identity plays in shaping health
  - Treats LGBTQ people as vectors

# Sexual Orientation

- Sexual orientation
  - Used interchangeably with sexual identity
  - Consists of multiple intersecting components
    - Identity
    - Attraction
    - Behavior



# Sex vs. Gender Identity

- **Sex**
  - binary label
  - male or female
  - assigned by a doctor at birth based on the genitals you're born with and the chromosomes you have.
- **Gender identity**
  - innermost concept of self as male, female, a blend of both or neither
  - how individuals perceive themselves and what they call themselves
- **One's gender identity can be the same or different from their sex assigned at birth**

# Constructs Related to Gender Identity

- **Gender expression**

- External appearance of one's gender identity, usually expressed through behavior, clothing, haircut and/or voice

- **Transgender**

- An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.
- Being transgender does not imply any specific sexual orientation.
- Transgender people may identify as straight, gay, lesbian, bisexual, etc.

- **Gender transition**

- The process by which some people strive to more closely align their internal knowledge of gender with its outward appearance.
- Some people socially transition, whereby they might begin dressing, using names and pronouns and/or be socially recognized as another gender.
- Others undergo physical transitions in which they modify their biological selves



# Coming Out/Identity Disclosure

- Can happen at any age regarding sexual orientation or gender identity
- Requires familial and community support
- LGBT people spend their lives coming out
  - “[LGBT people] come out their entire lives and must fight for their place in the world in an effort to maintain and build their individual and collective dignity. “(Halkitis, 2019)



AFP

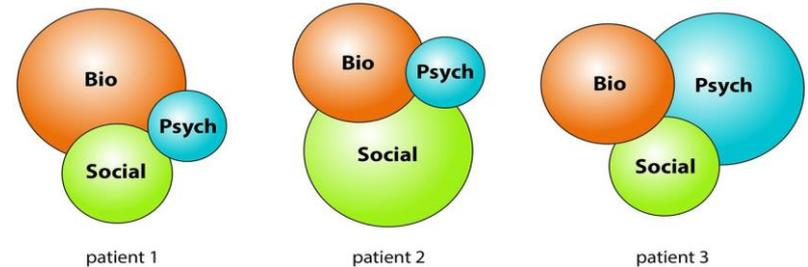
**QUEER IS AN UMBRELLA TERM,  
ENCOMPASSING A LOT OF PEOPLE**

**NON-SPECIFIC TO SEXUAL  
ORIENTATION OR GENDER**

USA  
TODAY

# A Biopsychosocial Perspective

*“To provide a basis for understanding the determinants of diseases and arriving at rationale treatments and patterns of health care, a medical model must also take into account the patient, the social context in which he lives and the complementary system devised by society to deal with the disruptive effects of illness, that is the physician role and the health care system. This requires a biopsychosocial model.” (Engel, 1977)*



# A Syndemic Approach

- Health conditions do not exist in isolation
- Health conditions are mutually reinforcing
- Health conditions are directed by biopsychosocial drivers



**Syndemic**  
[syn - dem - ic]

*(n) - A syndemic or synergistic epidemic involves the clustering of two or more diseases within a population; the biological, social, & psychological interaction of those diseases; and the large-scale social forces that precipitate disease clustering in the first place.*

# The Health of Lesbian, Gay, Bisexual, and Transgender People

Building a Foundation for Better Understanding

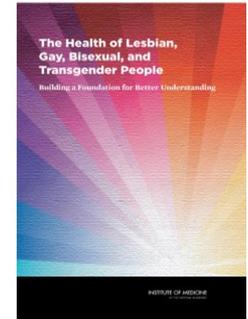
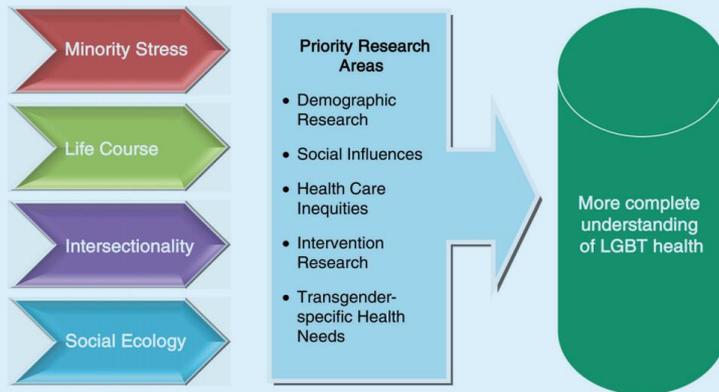


Figure 1: Research Agenda



A number of different conceptual perspectives can be applied to priority areas of research in order to further the evidence base for LGBT health issues.

*“While some research about the health of LGBT populations has been conducted, researchers still have a great deal to learn”.*  
(Institute of Medicine at the National Academies, 2011)

# HHS rule lets health care workers refuse care that violates religious beliefs

BY GRACE SEGERS

MAY 2, 2019 / 3:04 PM / CBS NEWS



National Center for Lesbian Rights

@NCLRights



BREAKING: The Trump-Pence administration just finalized a rule that would allow personal beliefs to dictate patient care. This is a critical threat to our #LGBTQ community.

#PutPatientsFirst

120 1:24 PM - May 2, 2019

80 people are talking about this

## KHN Morning Briefing

Summaries of health policy coverage from major news organizations

FRIDAY, MAY 3 2019

FULL ISSUE

### Trump Administration's Expanded Conscience Rule Will Allow Medical Professionals To Refuse To Provide Health Care Services

The HHS rule is designed to protect the religious rights of health care providers and religious institutions by allowing them to opt out of procedures such as abortions, sterilizations and assisted suicide. But critics say that the broad scope of the policy will allow for discrimination against women and members of the LGBTQ community.

Health Care

### Trump touts new faith-based protections for health-care workers at National Day of Prayer ceremony



# HEALTH DISPARITIES IN LGBT POPULATIONS

- Heart disease
- Cancer, especially prostate, testicular, anal, and colon cancers
- Body image issues such as anorexia
- Physical violence, including intimate partner violence
- Mental and behavioral health concerns
- Sexually transmitted infections

## Gay men's health

- Heart disease
- Cancer
- Physical violence, including intimate partner violence (47% versus 17%)
- Body image issues
- Mental and behavioral health concerns
- Sexually transmitted infections

## Bisexual health

- Heart disease
- Cancer, especially breast cancer
- Overweight and obesity
- Physical violence, including intimate partner violence
- Mental health concerns, including depression, PTSD, and suicidal ideation
- Behavioral health concerns, including smoking and other substance use

## Lesbian health

# Physical Health Disparities

LGB Men and Women	GB Men	LB Women
↓ self-rated overall health	↑ cardiovascular diseases	↓ self-rated physical health
↑ asthma diagnoses	↑ acute health conditions	↑ urinary tract infections
↑ headaches	↑ self-reported fatigue	↑ hepatitis C & B
↑ allergies	↑ self-reported of pain	↑ risk of invasive breast cancer
↑ chronic diseases	↑ urinary incontinence	↑ cardiovascular diseases
↑ acute physical symptoms	↑ cancer diagnoses	
↑ prevalence of disabilities	↓ cancer survival rates	
↓ age of disability onset		

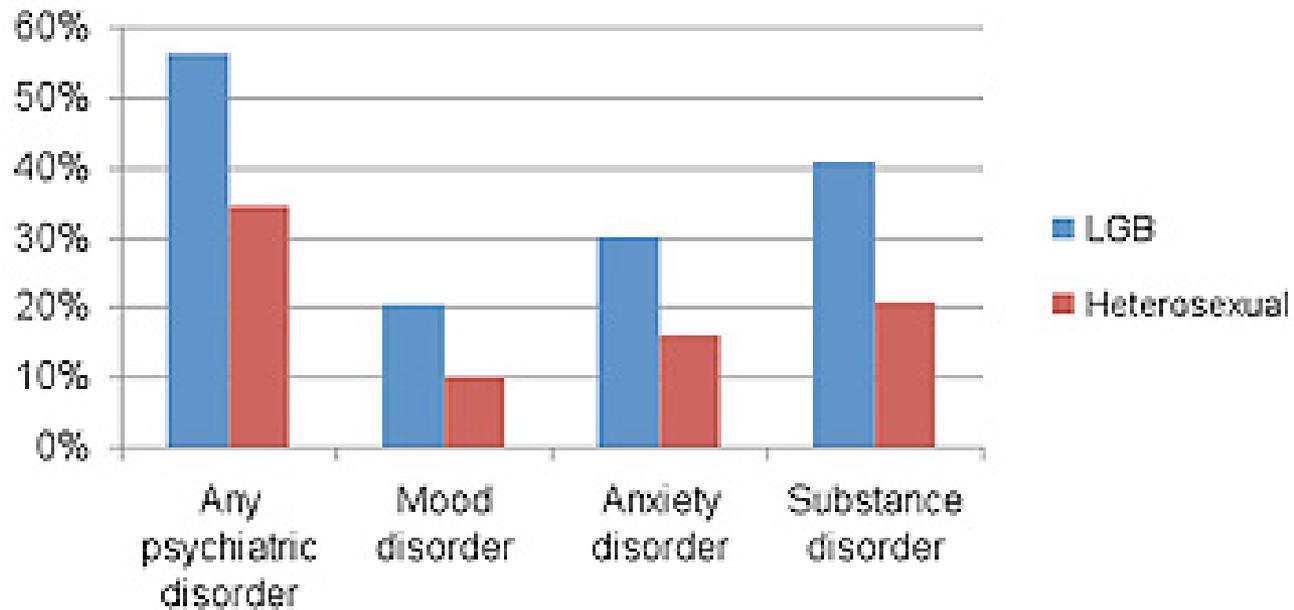
# Transgender Health Challenges

- Hormones
  - Blood pressure; blood sugar; clotting
- Cancers
  - Associated with biological gender
- Injectable silicone
  - Non medical/disfigurement/infected syringes
- Substance use/ATOD
- Depression/Anxiety
- STI's
  - HIV TW (14.1%); TM (3.2%)
- CVD
  - hormones, smoking, obesity



# LGB Mental Health Disparities

Prevalence of Psychiatric Disorders in Past 12 Months



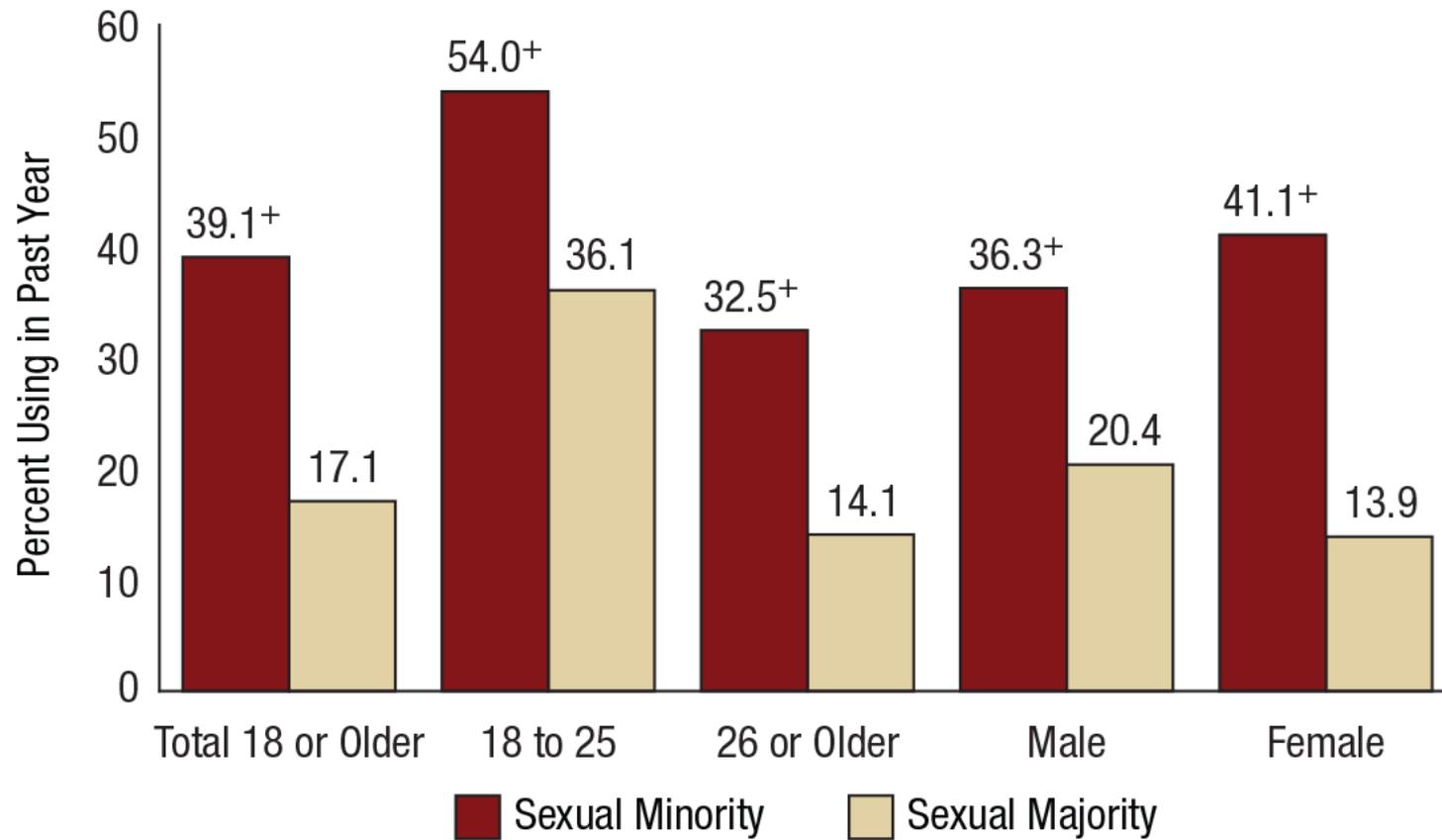
# LGB Mental Health Concerns

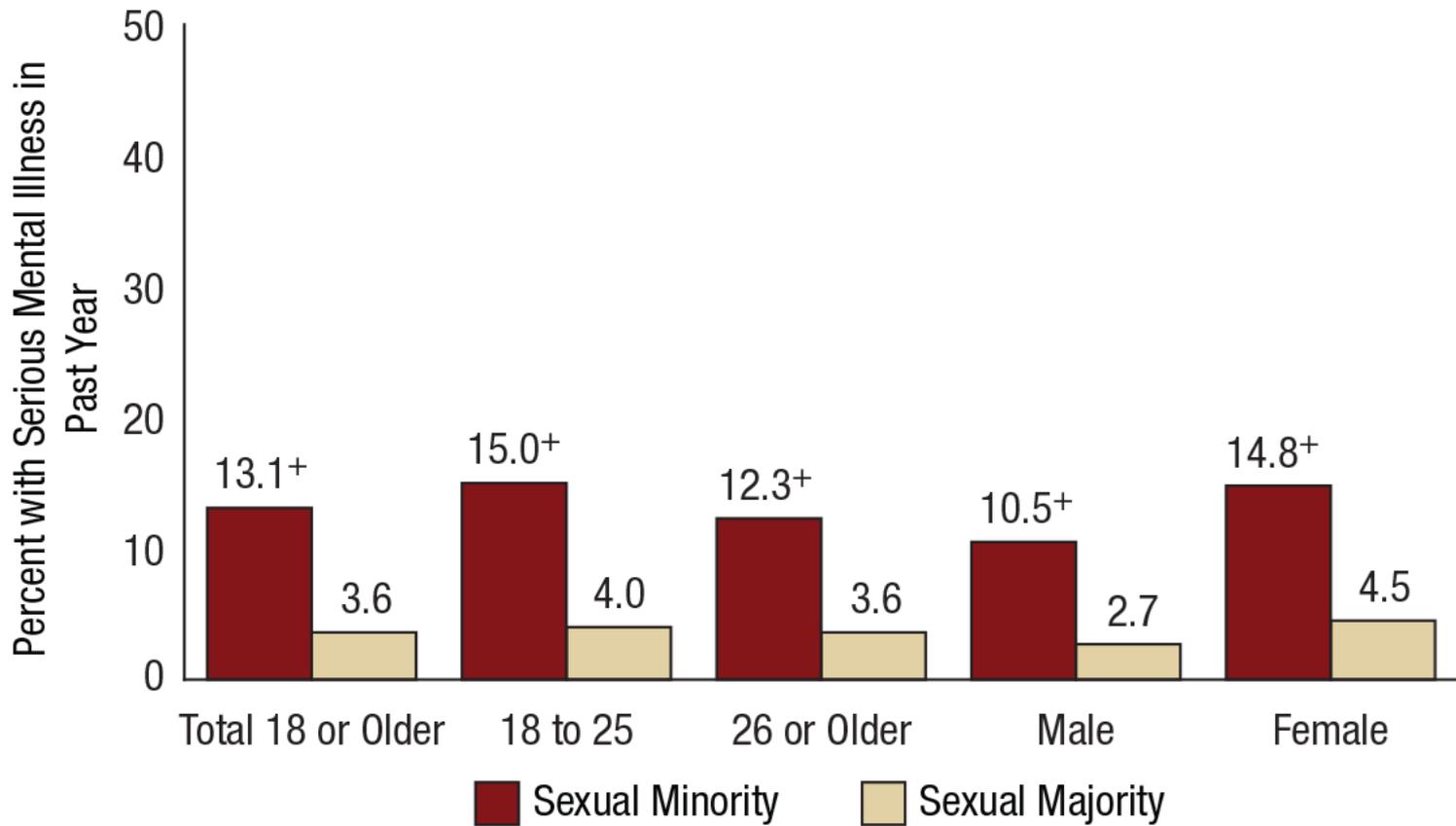
**Gay and bisexual men have higher prevalence of:**

- Depression
- Panic attacks
- Suicidal ideation
- Psychological distress
- Body image/eating disorders

**Lesbian and bisexual women have higher prevalence of:**

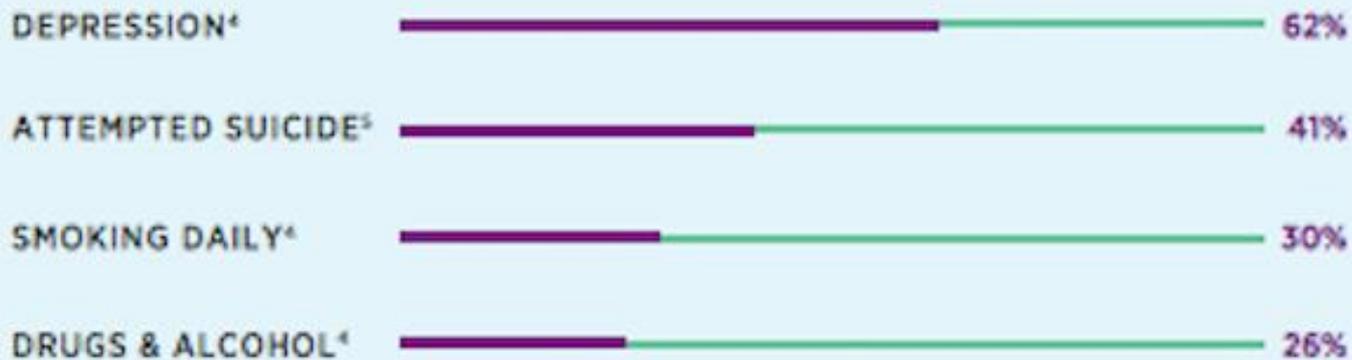
- Depression
- Generalized anxiety disorder
- Psychological distress
- Antidepressant use





# Transgender Mental Health & Substance Use

Transgender people often have complicated medical needs and experience health disparities such as:



# LGB Youth Health Concerns

- Among LGB youth ages 12-24
  - Smoking
  - Homelessness
  - Suicide attempts
  - Risk of being bullied, threatened, sexually coerced



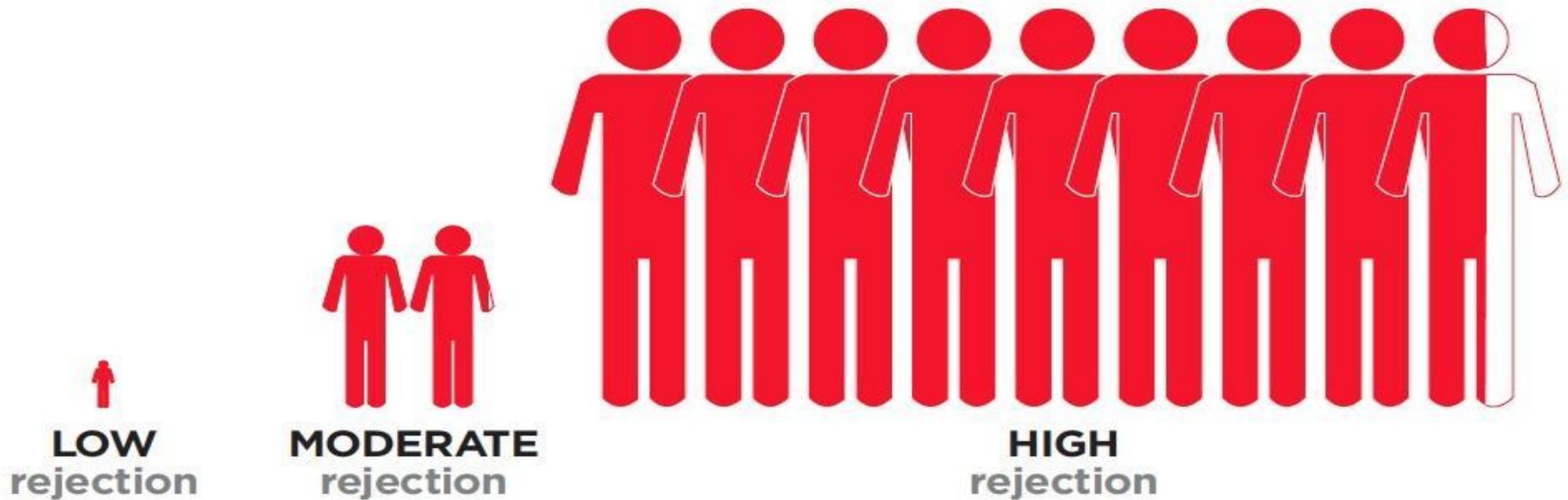
# LGB Youth Health & Families

- Parental rejection associated with higher rates
  - Attempted suicide
  - Drug use
  - Depression
  - Unprotected sex
  - Homelessness/residential instability

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# Lifetime Suicide Attempts for Highly Rejected LGBT Young People

*(One or more times)*



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*Level of Family Rejection*

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Ryan, Family Acceptance Project, 2009

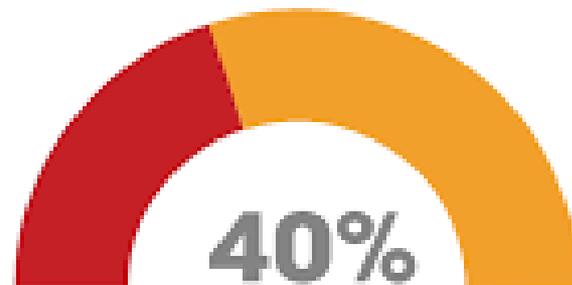


**5%**  
GENERAL YOUTH  
POPULATION

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■ GAY, LESBIAN, BISEXUAL, TRANSGENDER  
■ STRAIGHT

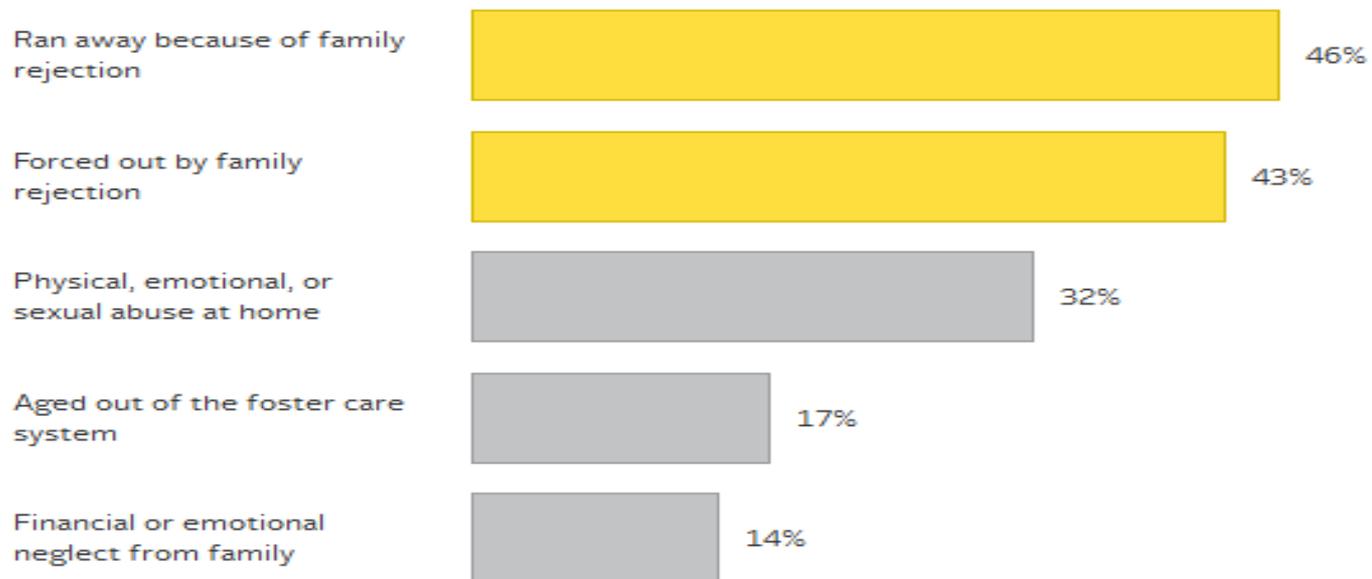
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**40%**  
HOMELESS YOUTH  
POPULATION

**NONE**  
project  
[www.fanythnone.org](http://www.fanythnone.org)

# Reasons for homelessness among LGBT youth



Source: Williams Institute survey of homeless youth organizations



# Drivers of Health Care Disparities

## Personal-level Factors:

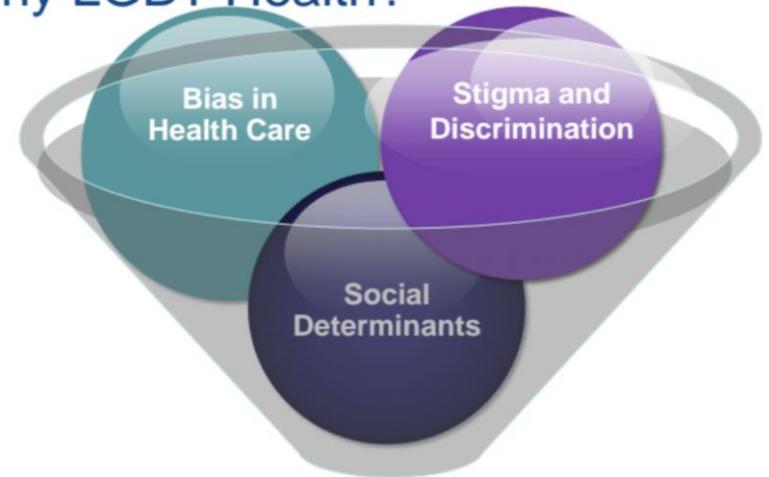


Enacted Stigma  
Race/Ethnicity  
Level of Education  
Geographic  
Location/Environment  
SES/Poverty

## Structural-level Factors:

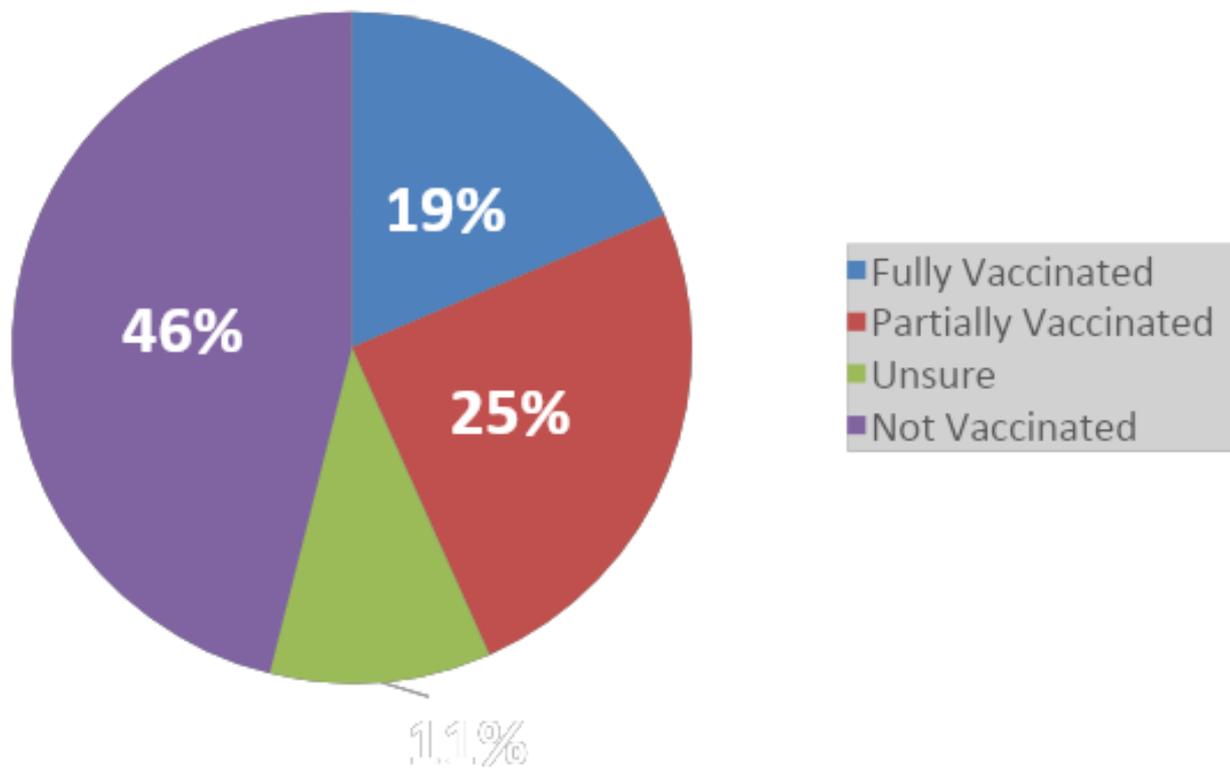
Structural Stigma  
Provider Knowledge and Training  
Health Insurance

## Why LGBT Health?



Health Care Disparities

# HPV Vaccination



# Impediments to HPV Vaccination

- **Financial**

*“the cost... was also prohibitive because I have insurance but I was told I was going to have to pay something like \$250 for the vaccination”*

- **Structural/Medical Mistrust**

*“I haven’t gotten it [vaccine] because I personally don’t really trust a lot of medicines”*

- **Gendered/Informational**

*“It [vaccine] was really just marketed at young girls. Like protect your daughters from cervical cancer, get the HPV vaccine”*

# Drivers HPV Infection

	OR (95% CI)	AOR (95% CI)
Anal HPV infection		
Poverty	1.71 (1.10, 2.65) *	1.68 (1.08, 2.62) *
HIV Status	--	3.13 (1.04, 9.46) *
Oral HPV infection		
Poverty	0.95 (0.46, 1.95)	0.91 (0.44, 1.90)
HIV Status	--	4.03 (1.48, 10.98) **
Vaccine-preventable HPV infection		
Poverty	1.45 (0.94, 2.24)	1.42 (0.91, 2.21)
HIV Status	--	3.21 (1.34, 7.65) **
Any HPV infection		
Poverty	1.82 (1.16, 2.83) **	1.80 (1.15, 2.82) *
HIV Status	--	6.91 (1.59, 29.98) **



# **HEALTHCARE CHALLENGES FACED BY THE LGBT POPULATION**



**Human Rights Campaign**  @HRC · 31m

Studies show:

56% of LBG patients  
70% of trans patients

...have experienced discrimination from a health care provider. This is painful and sometimes life-threatening. Join @HRC in stopping @HHSgov's discriminatory proposal and #ProtectOurHealth. [hrc.im/ProtectOurHeal...](https://hrc.im/ProtectOurHealth)

**Discrimination is  
NOT OK!**

**#ProtectOurHealth**



[hrc.im/ProtectOurHealth](https://hrc.im/ProtectOurHealth)



1



18



37



# LGBT Experiences with HCPs

Table 2: Health care professionals refused to touch me or used excessive precautions

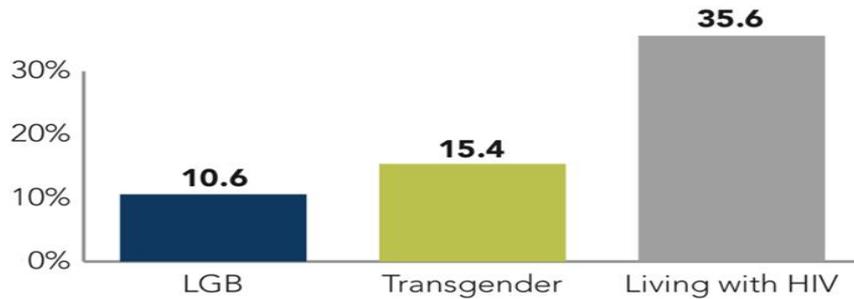


Table 4: Health care professionals blamed me for my health status

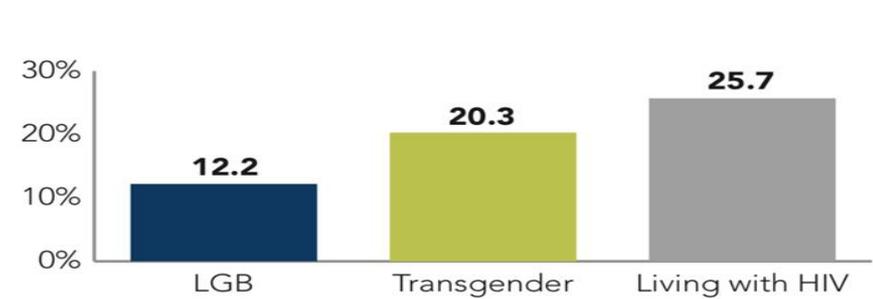


Table 3: Health care professionals used harsh or abusive language

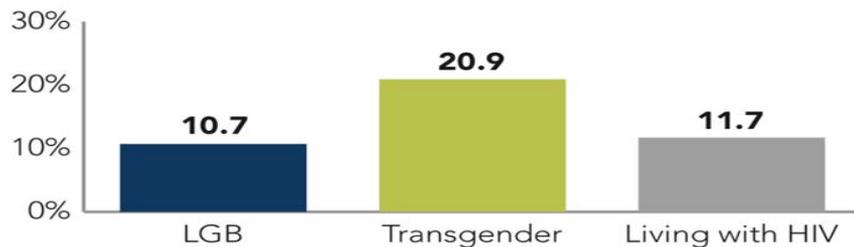
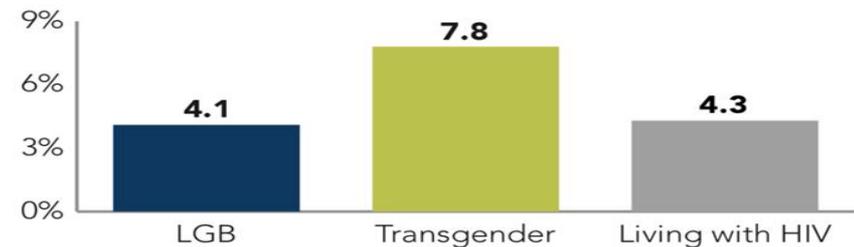
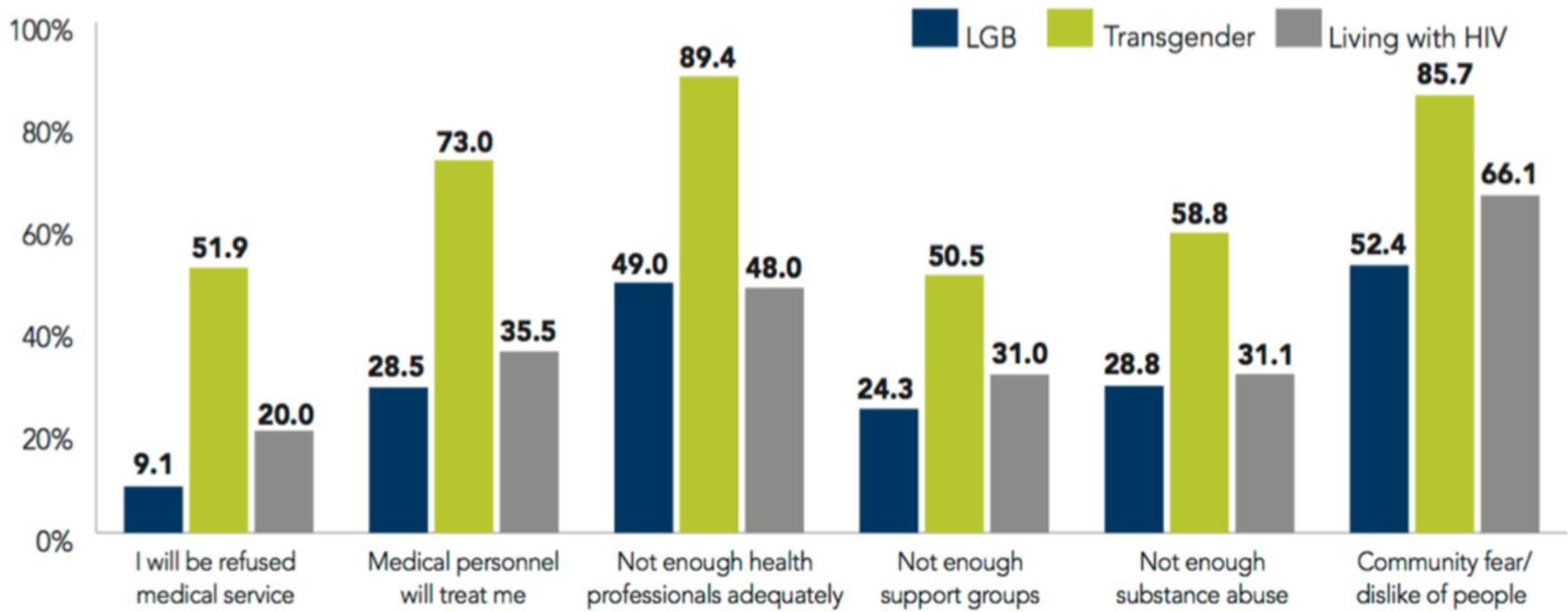


Table 5: Health care professionals were physically rough or abusive



# Healthcare Concerns & Fears



Comfort in discussing sexual behavior		
Strongly disagree/disagree/neither	12.0	96
Agree/strongly agree	63.9	511
Missing	24.1	193
PCP adequately addresses health needs		
Strongly disagree/disagree/neither	17.9	143
Agree/strongly agree	58.3	466
Missing	23.9	191
Satisfaction with care provided by PCP		
Very dissatisfied/dissatisfied/neither	7.1	57
satisfied/very satisfied	69.1	553
Missing	23.8	190
Trust in the health care system		
Strongly disagree/disagree/neither	42.4	339
Agree/strongly agree	54.5	436
Missing	3.1	25
Preference for male provider		
Yes	31.9	255
No	44.9	359
Missing	23.3	186
Preference for same race provider		
Yes	5.6	45
No	71.0	568
Missing	23.4	187
Preference for LGBTQ-identified provider		
Yes	27.3	218
No	49.5	396
Missing	23.3	186
Preference for personable provider		
Yes	33.1	265
No	44.0	352
Missing	22.9	183

LGBTQ = lesbian, gay, bisexual, transgender, and questioning; PCP = primary care provider; SD = standard deviation.

**Table 2.** Current PCP, Frequency of Health-Care Visits, and Instances of Foregone Care of Participants Enrolled in a Study of Health-Care Access; *n* = 800, 2015–2016, New York City.

	%	<i>n</i> = 800
Current PCP		
Yes	77.3	618
No	22.6	181
Missing	0.1	1
Frequency of health-care visits <sup>a</sup>		
Less than once a year	15.9	127
More than once a year	59.1	473
Missing	25	200
Instances of foregone health care		
Yes	20.3	162
No	79.8	638

Note. PCP = primary care provider. <sup>a</sup>Only participants that reported having a current PCP were asked about frequency of health-care visits (*n* = 618).

**Table 2.** Healthcare access outcomes of participants enrolled in a study of healthcare access, *n* = 100, 2016, NYC.

Healthcare access outcomes	%	N = 100
Have primary care provider		
No	27.0	27
Yes	73.0	73
Foregone healthcare		
Yes	27.0	27
No	73.0	73
Where to access Pap testing		
Yes	89.0	89
No	11.0	11
Where to access STI testing		
Yes	87.0	87
No	13.0	13

STI: sexually transmitted infection; NYC: New York City.

# Attitudes of Healthcare Providers

*The doctor wasn't knowledgeable with the LGBT community... She's never really had gay patients so for her it's kinda new and her reaction was kinda like oh, you're young, right now you shouldn't be having anal sex...It wasn't the reaction I was expecting.*

*(22 years old, Hispanic)*

# Homophobia of Healthcare Providers

*He's [the doctor] a Muslim... So his thing is he doesn't wanna hear too much about sex with guyson guys. So it really makes it really uncomfortable to talk about it because all I'm gonna get is "Marry a girl...It just comes up all the time because he knows I am gay.*

*(Male, 24 years old, Black)*

# Communication Discomfort

*I've always gotten knowledge of gay men health and about risk and HIV and stuff through outside sources...I feel uncomfortable speaking to my doctor.*

(23 years old, Black)

# Under-prepared Healthcare Providers

*I actually got an anal pap smear... the guy who runs [service organization] was just telling some of the guys in this gay men's group about the services they offered. And I realized that I don't think my doctor offers that.*

*(24 years old, Hispanic)*



# **STRATEGIES FOR WORKING WITH THE LGBT POPULATIONS IN HEALTHCARE**

# The Experiences of LGBT People in Healthcare

- When you last saw a clinician for primary care, were you asked to discuss your sexual history? Sexual health?
- Have you ever been asked you about your sexual orientation?
- Has a clinician ever asked if you have concerns about your gender identity?



# Bias Towards LGBT Patient

- Survey of California physicians
  - 1982: 39% were sometimes or often uncomfortable providing care to gay patients (Mathews et al., 1986)
  - 1999: 18.7% were sometimes or often uncomfortable providing care to gay patients (Smith & Mathews, 2007)

# Bias Towards LGBT Providers

- 2007 national survey of general public:
  - 30.4% would change providers upon finding out their provider was gay/lesbian (Lee et al., 2008)
  - 35% would change practices if found out that gay/lesbian providers worked there



# LGBT & Medical Training



- 2005-6 survey of medical students (AAMC reporter, 2007)
  - 15% aware of the mistreatment of LGBT students at their schools
  - 17% of LGBT students reported hostile environments

# Health Care Providers' Implicit and Explicit Attitudes Toward Lesbian Women and Gay Men

| Janice A. Sabin, PhD, MSW, Rachel G. Riskind, PhD, and Brian A. Nosek, PhD

- Implicit preferences for heterosexual people versus lesbian and gay people are pervasive among heterosexual health care providers
  - Implicit preferences for heterosexual women were weaker than implicit preferences for heterosexual men.
  - Heterosexual nurses held the strongest implicit preference for heterosexual men over gay men

# Recommendations Moving Forward

1. Policy Implementation
2. Create a Welcoming Environment
3. Gender Neutral Patient Forms
4. Staff Training
5. Take a Sexual History

The 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**

# Policy Implementation

- Develop or adopt nondiscrimination policies that protect patients
- Develop or adopt policies that empower patients to identify a support person of their choice
- Develop a Patient Family Advisory Council to address any issues that could enhance the patient centered care environment
- Identify staff or physicians with expertise or experience who can serve as LGBT champions

# Create a Welcoming Environment

- Prominently post the nondiscrimination policy
- Waiting rooms should reflect and be inclusive of LGBT patients and their families
- Provide educational brochures on relevant LGBT health topics
- Create gender neutral bathrooms
- Provide forms that are gender-neutral allowing for self-identification
- Create a culture of humility by meeting the patient “where they are” without judgement enhances the patient physician relationship



**1. What is your current gender identity? (Check ALL that apply)**

- Male
- Female
- Transgender Male/Transman/FTM
- Transgender Female/Transwoman/MTF
- Gender Queer
- Additional category (please specify): \_\_\_\_\_
- Decline to answer

**2. What sex were you assigned at birth? (Check one)**

- Male
- Female
- Other
- Decline to answer



**1. What pronouns do you prefer that we use when talking about you? (check all that apply)**

- She/her/hers
- He/him/his
- They/them/theirs
- Other: Please specify: \_\_\_\_\_

# Client Registration

required for release of information except in the case of a court order.

<b>Legal Name*</b>	Last	First	Middle Initial	<b>Name used:</b>
<b>Legal Sex (please check one)*</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <i>*While Fenway recognizes a number of genders / sexes, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your preferred name and pronouns are different from these, please let us know.</i>				<b>Pronouns:</b>
<b>Date of Birth</b>		<b>Social Security #</b>		<b>State ID # or License #</b>
Month / Day / Year				



<b>6.) Preferred Language (choose one:)</b>  <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский Other _____	<b>7.) Do you think of yourself as:</b> <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	<b>8.) Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____  <b>9.) Veteran Status</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran	<b>10.) Referral Source</b> <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/MediaOutreach WorkerSchool <input type="checkbox"/> Other _____
<b>11.) What is your gender?</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer or exclusively male or female	<b>12.) What was your sex assigned at birth?</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>13.) Do you identify as transgender or transsexual?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<b>Please turn over</b> 



# Staff Training

- Develop strong knowledge of LGBT health
- Address biases
  - **Homophobia** - negative attitudes or bias against LGBT individuals
  - **Heterosexism** - a bias that everyone is heterosexual
- Underscore significance of confidentiality for LGBT individuals
  - Discuss the patient's history in private.
  - The presence of family members requires the patient's consent

# How Well Do You Know Your Patients?



**New Patient**



**New Lesbian Patient**

How do you feel when learning this?

# Assess the Healthcare Environment

- Do staff feel comfortable working with the LGBT population?
- Are there opportunities to discuss issues or concerns?
- Are staff informed on current LGBT health needs?
- Consider
  - When was the last time you asked a patient about their sexual history?
  - When was the last time you asked a patient about their sexual orientation? about their gender identity?

# Take Sexual Histories

- Inform patients that a sexual history is a part of every initial intake for everyone: NORMALIZE
  - Sexuality and sexual behaviors are components of mental and physical health.
  - The history is completely confidential and is necessary in order to obtain an accurate health assessment.
- One way to begin is to ask about a patient's family or if they are in a relationship and if they would tell you about that relationship.
  - Do not make assumptions.
- To identify patient's risk factor it is important to discuss sexual behaviors.
- **“Ironically, it may require greater intimacy to discuss sex than to engage in it.” (IOM, 1997)**



# **INITIATIVES TO DOCUMENT LGBTQ COMPETENT HEALTHCARE SERVICES**

# Healthcare Equality Index



HUMAN RIGHTS CAMPAIGN FOUNDATION

## Healthcare Equality Index 2019

Promoting Equitable and Inclusive Care for Lesbian, Gay, Bisexual, Transgender and Queer Patients and Their Families

HEI 2019

### Why the HEI? To help LGBTQ patients find LGBTQ-friendly healthcare facilities

In addition to being a valuable tool and resource for healthcare facilities, the HEI is used by LGBTQ patients and their loved ones to find facilities that provide equitable and inclusive care. The ratings for each participating facility are published in the annual HEI report, available on our website and promoted to HRC's more than 3 million supporters.

Consumers can easily search our online database or our interactive map to see how facilities near them rate – giving patients the ability to choose where they would like to receive care in their time of need.

To search the HEI, go to: [hrc.org/he/search](http://hrc.org/he/search)

A record **680** healthcare facilities actively participated to have their facilities rated on their commitment to LGBTQ equality and inclusion

## Executive Summary

THE HUMAN RIGHTS CAMPAIGN FOUNDATION'S Healthcare Equality Index continues to show incredible growth in the number of healthcare institutions that are embracing and adopting LGBTQ-inclusive policies and practices. **A record 680 healthcare facilities actively participated in the HEI 2019 survey.**

Increase in HEI survey participants since 2014



507 Active Participants



568 Active Participants



590 Active Participants



626 Active Participants

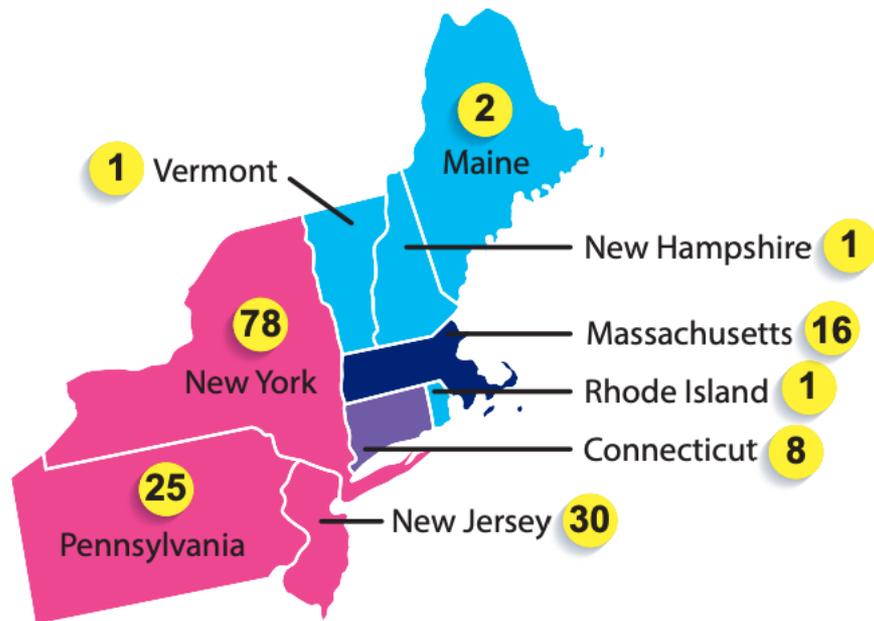
HRC, 2019



Children's Hospital of Philadelphia  
10 Year HEI Participant and LGBTQ Healthcare Equality Leader

# Health Equality Index: Measurement & Scoring

1				2	3		4		
Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Transgender Inclusive Health Insurance	Patient & Community Engagement	<b>2019 HEI Score</b>	<b>2018 HEI Score</b>
10 pts	10 pts	10 pts	10 pts	30 pts	15 pts	5 pts	10 pts	100	100



# Healthcare Equality Index: Example

HEALTH & AGING

## How do healthcare facilities near you measure up on LGBTQ inclusion?

Use this tool to find healthcare facilities near you that are evaluated in the Healthcare Equality Index. The [HEI 2020](#) features more than 1700 healthcare facilities nationwide, including those that actively took the HEI 2020 survey as well as those that were researched by the HRC Foundation.

HEALTHCARE FACILITIES SEARCH

Enter the name of a healthcare facility or search by state, city, or zip code to find healthcare facilities in your area.

Powered by **Healthcare Equality Index 2020**

<https://www.hrc.org/resources/healthcare-facilities>

<b>Abington Hospital</b> Abington, PA	<b>65</b>
<ul style="list-style-type: none"><li>Non-discrimination &amp; Staff Training</li><li>Patient Services &amp; Support</li><li>Employee Benefits &amp; Policies</li><li>Patient &amp; Community Engagement</li></ul>	<a href="#">View detail →</a>
<b>Allegheny General Hospital</b> Pittsburgh, PA	<b>N/A</b>
<ul style="list-style-type: none"><li>Non-discrimination &amp; Staff Training</li><li>Patient Services &amp; Support</li><li>Employee Benefits &amp; Policies</li><li>Patient &amp; Community Engagement</li></ul>	<a href="#">View detail →</a>
<b>Bryn Mawr Hospital</b> ★ <i>Top Performer</i> Bryn Mawr, PA	<b>95</b>
<ul style="list-style-type: none"><li>Non-discrimination &amp; Staff Training</li><li>Patient Services &amp; Support</li><li>Employee Benefits &amp; Policies</li><li>Patient &amp; Community Engagement</li></ul>	<a href="#">View detail →</a>

## Abington Hospital

**65**  
2020 SCORE

**NETWORK**  
Jefferson Health

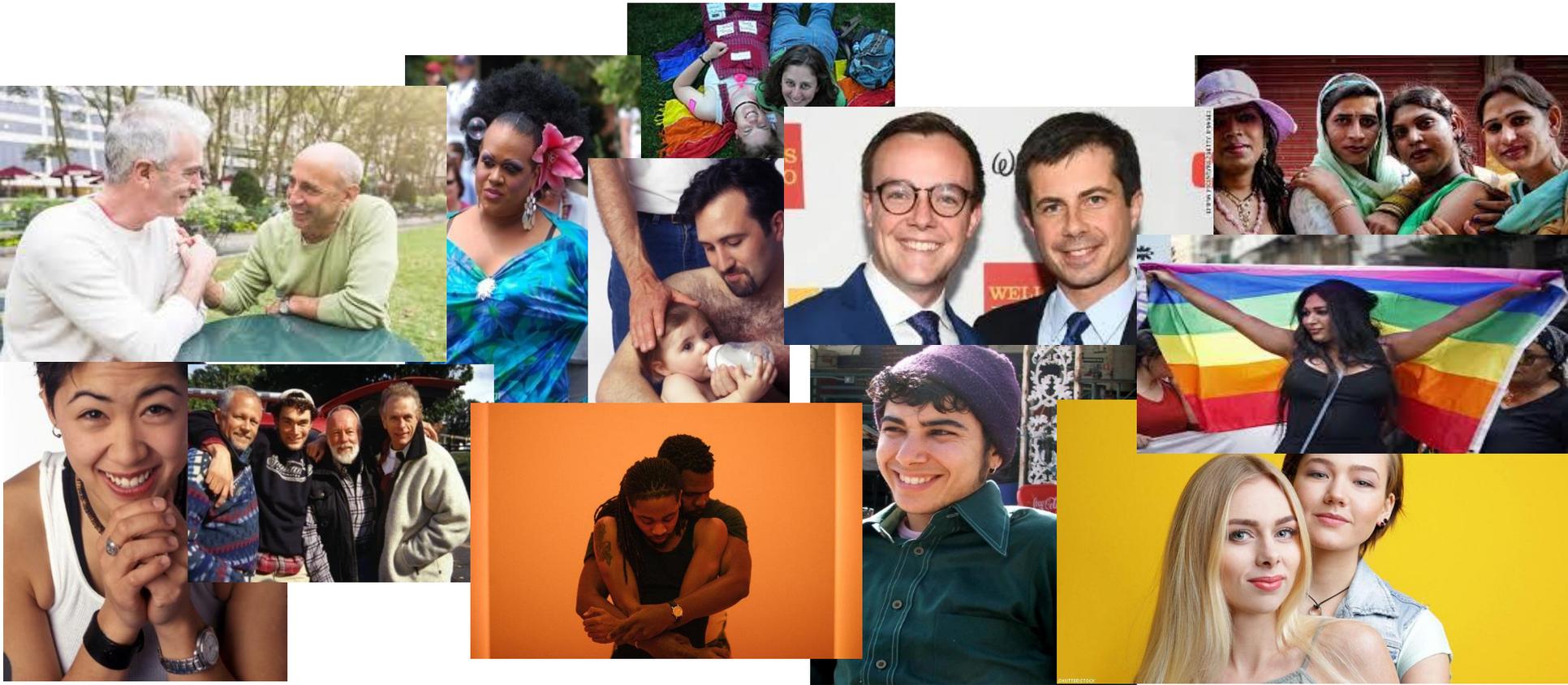
**CONTACT**  
(215) 481-2000  
[Visit Website](#)

**ADDRESS**  
1200 Old York Rd  
Abington, PA 19001-3720  
[Map](#)

### DETAILED RATINGS

KEY:  Yes  No  Partial  No Data  Not Applicable

# Enhancing LGBT Healthcare=Enhancing Human Rights



# Resources: LGBT Health



The Fenway Institute

[www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)

# Additional Resources LGBT Health

AMA GLBT Advisory Committee

[www.ama-assn.org](http://www.ama-assn.org)

WPATH Standards Transgender/Transsexual/ Gender Non  
Conforming Health

<https://www.wpath.org/publications/soc>

Gay and Lesbian Medical Association

[www.glma.org](http://www.glma.org)

# Other LGBT Resources

GLAAD Resource List

<https://www.glaad.org/resourcelist>



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# LGBTQ Health

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[sph.rutgers.edu](http://sph.rutgers.edu)

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## QUESTIONS...

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- **Part One: Informing Nursing Practice to Deliver Effective Healthcare to Sexual and Gender Minority Populations**
  - Perry N. Halkitis, PhD, MS, MPH Dean and Professor of Biostatistics and Urban-Global Public Health, Rutgers School of Public Health Director, Center for Health, Identity, Behavior & Prevention Studies (CHIBPS) Founding Editor in Chief, Annals of LGBTQ Public and Population Health

Jenny Horn, PA Action Coalition Manager: [jhorn@phmc.org](mailto:jhorn@phmc.org)

# PART TWO

## LGBTQIA+ Health Resources

### Providing Affirming Nursing Care for Black LGBTQ Community Members

Wednesday, October 14, 2020 at 3:00 pm ET



**Dr. Jonathan Lassiter, PhD**

Assistant Professor of Psychology at Rowan University



**NATIONAL  
NURSE-LED CARE  
CONSORTIUM**  
a PHMC affiliate



**PENNSYLVANIA  
ACTION  
COALITION**

A healthy PA through nursing



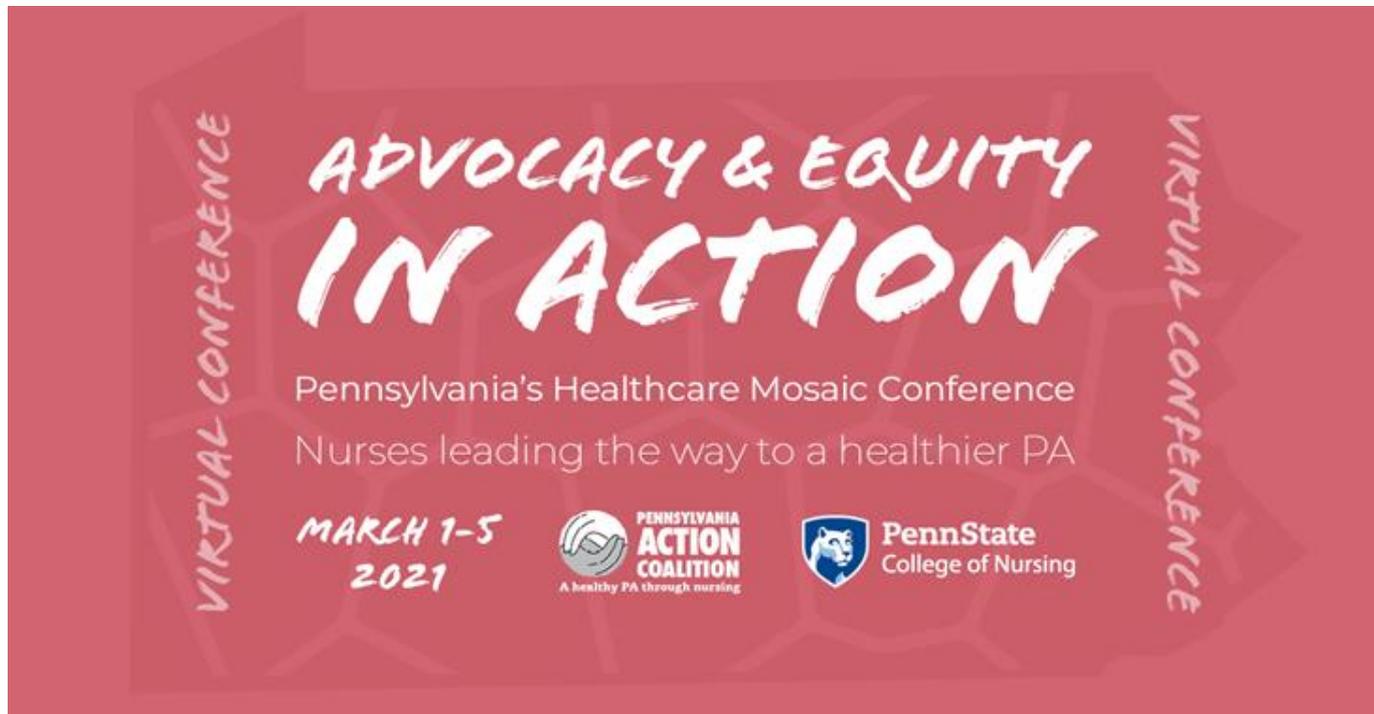
**BRADBURY-SULLIVAN**  
LGBT COMMUNITY CENTER

*Serving the LGBT Community  
of the Greater Lehigh Valley*

# PART TWO

9/16/2020

# Pennsylvania's Healthcare Mosaic Conference



A graphic for a virtual conference. The background is a dark red color with a faint, repeating pattern of white hexagons. The text is centered and reads: "ADVOCACY & EQUITY IN ACTION" in large, white, hand-drawn style letters. Below this, in smaller white text, it says "Pennsylvania's Healthcare Mosaic Conference" and "Nurses leading the way to a healthier PA". At the bottom left, it says "MARCH 1-5 2021". To the right of the date are three logos: the Pennsylvania Action Coalition logo (a hand holding a heart), the PennState College of Nursing logo (a blue shield with a white lion), and the PennState logo. The words "VIRTUAL CONFERENCE" are written vertically in white, hand-drawn style letters on both the left and right sides of the graphic.

**ADVOCACY & EQUITY  
IN ACTION**

Pennsylvania's Healthcare Mosaic Conference  
Nurses leading the way to a healthier PA

**MARCH 1-5  
2021**

 **PENNSYLVANIA  
ACTION  
COALITION**  
A healthy PA through nursing

 **PennState**  
College of Nursing



*VIRTUAL CONFERENCE* *VIRTUAL CONFERENCE*

**Abstracts due Sunday, October 11, 2020 by 11:59 PM ET**



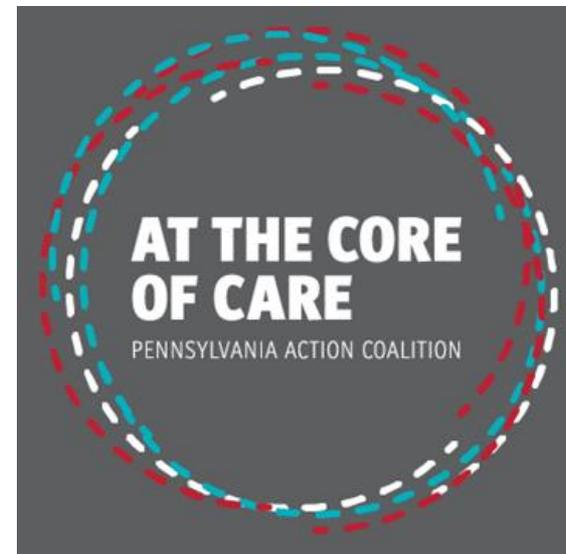
9/16/2020

## At the Core of Care Podcast

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Please subscribe and share!

Find us on Spotify, Apple Podcasts, Sticher and [PaActionCoalition.org](https://www.PaActionCoalition.org)



# THANK YOU!

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- Jenny Horn, PA Action Coalition Manager:  
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- Zaharaa Davood, PA Action Coalition Coordinator:  
[zadavood@phmc.org](mailto:zadavood@phmc.org)
- Sarah Hexem Hubbard, PA Action Coalition and National Nurse-Led Care Consortium Executive Director: [shexem@phmc.org](mailto:shexem@phmc.org)

