Affirming Pharmacist Care
Understanding Disparities and Creating an Inclusive Environment for Sexual and Gender Minorities

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Objectives

• Differentiate common terminology used to describe gender identities and sexual orientations, including the acronym components of LGBTQ+
• Identify social determinants of health that contribute to healthcare disparities experienced by sexual and gender minorities
• Assess health systems and/or practice sites for inclusivity and an affirming environment for LGBTQ+ colleagues, pharmacy trainees, and patients
• Develop a multi-faceted approach to create and improve cultural competency related to LGBTQ+ persons

Key Abbreviations / Definitions

• LGBTQ: Lesbian, Gay, Bisexual, Transgender, Questioning/Queer
  • Variations of this acronym will be used as appropriate
• SGM: Sexual & Gender Minority
• GNB: Gender Nonbinary
• SOGI: Sexual Orientation and Gender Identity
• TJC: The Joint Commission
• HEI: Healthcare Equality Index
• HCP: Healthcare provider
• PrEP: Pre-exposure prophylaxis (HIV)
LGBTQ+ Terminology

When in doubt…

*The best practice is to always ask an individual which terminology or identity language they prefer!*

Sexual & Gender Minorities (SGM)

- **Gender Minority**: Individuals whose gender identity (man, women, other) or expression (masculine, feminine, other) is different from their sex (male, female) assigned at birth.

- **Sexual Minority**: Individuals who identify as gay, lesbian, or bisexual, or who are attracted to or have sexual contact with people of the same gender.

- **Queer**: An umbrella term sometimes used to refer to the entire LGBTQ+ community.

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**CDC, 2019; APA 2015; LGBTQIA+ Health Education Center, 2020.**

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Sex

- Sex is usually assigned at birth (or before during ultrasound) based on the appearance of external genitalia.
  - Typically categorized as male, female or intersex
  - When the external genitalia are ambiguous other indicators (e.g., internal genitalia, chromosomal and hormonal sex) are considered.

Gender

- **Gender** - The characteristics and roles of women and men according to social norms.
  - While sex is described as female, male, and intersex, gender can be described as feminine, masculine, androgynous, and much more.
- **Gender identity** – A person’s inner sense of being a girl/woman/female, boy/man/male, something else, or having no gender
  - Gender identity may NOT align with the sex a person was assigned at birth.
- **Gender expression** – The way a person communicates their gender to the world through mannerisms, clothing, speech, behavior, etc. Gender expression varies depending on culture, context, and historical period.
Gender

- **Cisgender**: Individuals whose current gender identity is the same as the sex they were assigned at birth.
- **Transgender**: Individuals whose current gender identity differs from the sex they were assigned at birth.
- **Gender Nonbinary**: Individuals who do not identify their gender as man or woman. Other terms to describe this identity include genderqueer, agender, bigender, gender creative, etc.
- **Gender Nonconforming**: The state of one’s physical appearance or behaviors not aligning with societal expectations of their gender (a feminine boy, a masculine girl, etc.).

Sexual Orientation

- Refers to a person’s sexual and emotional attraction to another person and the behavior and/or social affiliation that may result from this attraction
- Distinct and separate from gender identity and expression
Sexual Orientation

- Sexual orientation can be comprised of three components
  - Identity
  - Attraction or Desire
  - Behavior
    - The risk of sexually transmitted infections is related to behavior, not identity or attraction
- Sexual orientation is distinct and separate from gender identity and expression

Identities, Expressions, and Attractions

Identity = Expression = Sex
Gender ≠ Sexual Orientation

Sex: Sexually Attracted to:
- Women a/o Feminine
- Men a/o Masculine

Sex: Romantically Attracted to:
- Women a/o Feminine
- Men a/o Masculine

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What about the “Q”?

- ‘Q’ may reflect someone who is ‘questioning’ their sexual orientation or gender identity.
- ‘Q’ may stand for ‘queer,’ an umbrella term describing people who think of their sexual orientation or gender identity as outside of societal norms.
  - Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity.
  - Although queer was historically used as a slur, it has been reclaimed by many as a term of empowerment. However, some still may find the term offensive.

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LGB Poverty

- Data on couples suggests that same-sex couples are more vulnerable to poverty in general than are different-sex married couples.
- A 2013 report from the Williams Institute consistently observed this disparity across various national samples including: the American Community Survey, the National Survey of Family Growth, and the 2012 Gallup Daily Tracking Poll.

Children of LGB parents are especially vulnerable to poverty.
- This disparity is highly correlated with racial disparities as well:
  - African American children in gay male households have the highest poverty rate (52.3%) of any children in any household type.
  - The poverty rate for African American children living with lesbian couples is 37.7%.

Percent of Poor Children in Coupled Families, by Type of Household, 2010 American Community Survey

<table>
<thead>
<tr>
<th>Household Type</th>
<th>Married Different Sex</th>
<th>Unmarried Different-Sex</th>
<th>Male Same-Sex</th>
<th>Female Same-Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>12.1</td>
<td>29.8*</td>
<td>23.4*</td>
<td>19.2*</td>
</tr>
<tr>
<td>Low-Income</td>
<td>31.7</td>
<td>60.3*</td>
<td>47.6*</td>
<td>38.7*</td>
</tr>
</tbody>
</table>

* denotes different from married different-sex at 5% level
Transgender Economic Discrimination

Labor discrimination and economic insecurity reported in the 2011 National Center for Transgender Equity study:
- Participants had twice the unemployment rate of the general population.
- Participants were four times more likely to live on less than $10,000 a year compared to the general population.
- 47% reported that they had been fired or denied a job for being transgender.
- 16% admitted that they have thought about working in the underground economy to have a higher income.

The unemployment rate among respondents of the 2015 U.S. Transgender Survey was (15%), three times higher than the unemployment rate in the U.S. population (5%)
- One in six (16%) respondents who have ever been employed—or 13% of all respondents in the sample—reported losing a job because of their gender identity or expression in their lifetime.
- Nearly one-quarter (23%) of respondents experienced some form of housing discrimination in the past year, such as being evicted from their home or denied a home or apartment because of being transgender.
- Nearly one-third (30%) of respondents have experienced homelessness at some point in their lives.

Housing Instability

- 29% of LGBTQ youth surveyed by the Trevor Project reported experiencing homelessness, been kicked out, or run away
- Housing and homelessness reported in the National Center for Transgender Equity study:
  - 19% of transgender people reported that they have been denied a home or apartment for being transgender or gender nonconforming.
  - 19% reported that they have ever been homeless.
  - 2% of the respondents are currently homeless.
  - 36% of the participants own the place where they live, compared to the general population of 67%

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Transgender Access to Healthcare

The 2015 U.S. Transgender Survey found:

- One in four (25%) respondents experienced a problem in the past year with their insurance related to being transgender, such as being denied coverage for care related to gender transition or being denied coverage for routine care.
- One-third (33%) who saw a health care provider in the past year reported having at least one negative experience related to being transgender, such as being refused treatment, verbally harassed, physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.
- In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 33% did not see a doctor when needed because they could not afford it.

LGBTQ+ Mental Health Disparities

- Results from the Trevor Project 2020 survey:
  - 40% of LGBTQ respondents seriously considered attempting suicide in the past twelve months.
  - More than half of transgender and nonbinary youth have seriously considered suicide.

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Transgender Mental Health Disparities

- The 2015 U.S. Transgender Survey found:
  - Thirty-nine percent (39%) of respondents experienced serious psychological distress in the month before completing the survey compared with only 5% of the U.S. population.
  - Forty percent (40%) have attempted suicide in their lifetime, nearly nine times the rate in the U.S. population (4.6%).
  - Seven percent (7%) attempted suicide in the past year—nearly twelve times the rate in the U.S. population (0.6%).

In Our Own Voices: quote from one participant in the 2015 U.S. Transgender Survey

Discrimination And Harm Among LGBTQ Youth

- 1 in 3 LGBTQ youth surveyed by the Trevor Project reported that they have been physically threatened or harmed in their lifetime due to their sexual orientation and/or gender identity
- 40% of transgender and nonbinary youth reported being physically threatened or harmed in their lifetime due to their gender identity

Transgender Harassment

- Harassment and discrimination in education reported in the National Center for Transgender Equity study.
  - Participants who expressed a transgender identity at school reported alarming rates of bullying (78%), physical assault (35%), and sexual violence (12%)
  - Some abuse was so severe that it led to 15% of those who reported bullying leaving school.
  - Experiences of abuse in school are correlated with lower levels of income.
- Abuse at school was found to have a lasting effect on the lives of transgender respondents and was correlated with a number of negative outcomes including higher rates of sex work, incarceration, homelessness, smoking, drug and alcohol abuse, HIV and suicide attempt

Stigma and Health

- In a study of gay men, internalized homophobia, discrimination experiences, and expectations of rejection were differentially associated with HIV risk behavior, substance use, and depressive symptoms, respectively.
- In a study over 2,500 transmasculine adults, enacted and anticipated stigma was associated with:
  - Delaying urgently needed medical care
  - Delaying preventative care
  - Self-reported substance use to cope
- In 2015 U.S. Transgender Survey 23% of respondents reported not seeing a doctor when they needed to in the past year because of fear of being mistreated as a transgender person.
  - 1 in 4 reported having to teach their provider about transgender people in order to receive appropriate care
  - Nearly half of transgender and nonbinary youth survey by the Trevor Project didn’t receive wanted mental health care due to concerns related to the LGBTQ competence of providers.

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Polling Question
Which of the following best describes the meaning of “gender expression”?

A. A person’s sexual and emotional attraction to another person
B. A person’s sexual behaviors and practices
C. A person’s inner sense of being a girl/woman/female, boy/man/male, something else, or having no gender
D. The way a person communicates their gender to the world through mannerisms, clothing, speech, behavior, etc.
E. Gender expression is another way of describing a person’s sex assigned at birth

Polling Question
Which group of LGBTQ youth have reported the highest rates attempted suicide?

A. Lesbian
B. Gay
C. Bisexual
D. Transgender & Nonbinary
E. Cisgender

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Conclusions

- Being comfortable with basic terminology used by sexual and gender minorities is the first step in creating a welcoming and affirming environment for LGBTQ+ patients
- Sexual and gender minorities are disproportionately affected by poverty, housing instability, discrimination within the healthcare system, and stigma
- These differences in social determinants of health can lead to health disparities and poorer health outcomes

References

- Grant JM et al. Injustice at every turn: A report of the National Transgender Discrimination Study. 2011.
References

The Problem: Health-System Perspective

- TJC: Standards requiring hospitals to prohibit discrimination based on SOGI, however...
  - Only 67% include SOGI specifically in policies
  - 62% provide LGBTQ-inclusive non-discrimination policy for employees
- Informing of LGBTQ knowledgeable/friendly providers and clinics
  - Half publicly promote, 28% include in a community listing


The Problem: Health-system Perspective

- Policies specific to serving trans patients continues to be an area of need
  - 53% have specific policies/procedures ensuring appropriate, affirming interactions (e.g., recording preferred name and pronouns, patient interactions, barriers with insurance/billing)
- Clinical services
  - 69% provide trans-affirming preventative gynecological care (cervical cancer screenings)
  - Improvement in providing gender affirmation surgeries

Potential Affirming Solutions: Interactions and Environment

Affirming Solutions: Communication

Self-identification: “Coming out”
- Process allowing LGBTQ individuals to self-affirm; improving mental health and well-being, *yet is a fluid progression/phase*
- Can change which “phase” based on environment (i.e., public/open outside the medical system, remain more private inside)

<table>
<thead>
<tr>
<th>Self-Identification “Phase”</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal</strong></td>
<td>Becoming self-aware of SOGI; not “out” to anyone</td>
</tr>
<tr>
<td><strong>Private</strong></td>
<td>Sharing SOGI with trusted individuals</td>
</tr>
<tr>
<td><strong>Public</strong></td>
<td>Open with all about SOGI</td>
</tr>
</tbody>
</table>


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**Affirming Solutions: Communication**

**Patient Disclosure of SOGI**
- Can disclose to a HCP in either an active or passive manner
  - Active: directly sharing SOGI – *more likely to occur when HCP observed to use inclusive language, appear knowledgeable about LGBTQ health, strong communication skills*
  - Passive: giving “hints” – mentioning a partner without disclosing pronouns or gender
- Adolescents: LGB youth may be less comfortable/feel less safe disclosing due to fears of family discovery, etc.

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**Solutions: Normalize SOGI Discussion**
- Include as a routine part of all visits, yet keep questions to finding medically-necessary information
- Start with non-presumptive questions until SOGI becomes more clear
- Remember: each component of SOGI *can be independent of each other*; be mindful to avoid assumptions on sexual behavior
  - Ex. Someone who identifies as a transgender female may be romantically attracted to other women and still participate in penetrative intercourse
- Follow the patient’s lead based on responses (“lady/guy friend”)

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Communication Examples

Your chart lists your legal name as… What would you like me to call you?

My name is Alex and I use he/him pronouns. What’s your name?

Who lives with you?

Do you have a significant other, partner, or spouse?

What type of sexual contact do you have with others?

A quick comment about pronouns…

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Affirming Solutions: Physical Environment

- The environment can support or inhibit disclosure with their HCP/care team
- Nursing/support staff: First point of contact for patients, so affirming and culturally-competent staff members are critical
  - LGBTQ youth rank as most important factor when rating a facility/clinic
  - Training staff on appropriate language, drafting and discussing a non-discrimination policy, and navigating discussion of pronouns and preferred names lead to ease of disclosure and engagement in care

Affirming Solutions: Physical Environment

Facility Considerations

- LGBTQ patients who are still in a private or protective phase related to SOGI commonly scan the environment for cues that support their disclosure and safety
- Visual cues to include: LGBTQ symbols, brochures related to LGBTQ health concerns distributed in waiting areas, publicly posting nondiscrimination policies
Affirming Solutions: Physical Environment

Data Collection
- Specific standards published by TJC provide guidance on documentation related to LGBTQ-inclusivity
- Forms include gender-neutral language, allow self-identification/disclosure
- Collect LGBTQ-relevant data at registration/admission, using questionnaires and/or online patient portals
- Collecting during actual clinical encounter – integrate into templates or “smart phrases”
- Example two-step question for GI:
  - 1) What is your current gender identity?
  - 2) What sex were you assigned at birth on your original birth certificate?

Considerations with Charting
- Patients can request to review charts, so being cognizant of proper names and pronouns is critical
- Take advantage of EHR template capabilities!
- **Deadnaming**: Using a patient’s non-preferred name in conversation or writing
  - Can invoke trauma and/or distress for a person and significantly jeopardizes the patient-provider relationship
- "preferred pronouns" – more affirming
- Struggling with pronouns when charting – “the patient” or name
Resolving/Mitigating LGBTQ-Unfriendly Encounters

- Can occur unintentionally (misgendering) or intentionally (harassment/bullying)
- Identifying and correcting the offending encounter promptly is critical!

**Misgendering**

- Once realized, quickly stop and acknowledge the mistake and apologize
- If corrected by patient, sincerely apologize and thank for being held accountable
- Mitigation step – if working with unfamiliar pronouns (neo-pronouns), preface the encounter sharing you’re not as familiar with them and empower the person to correct you as necessary

Considerations of LGBTQ Students/Trainees

Students, residents, and practitioners across disciplines may desire to gravitate towards a practice or training program that is affirming, yet they, too, can be on a spectrum of self-identification and disclosure.

- Affirming communication about students/trainees is one step to creating an inclusive environment!

Example: the on-boarding/orientation process

“There may be times when I may need to follow up with another staff member about a patient or project you are assisting with. In an effort to be respectful, how would you like me to refer to you? Would you like me to use certain pronouns? What name would you like me to use?”


Pre-Rotation Example

Q2
How would you like Dr. Mills to refer to you when talking to others (providers, other pharmacists, students, etc.)?

- Use my name ONLY
- Use my name and/or he/him pronouns
- Use my name and/or she/her pronouns
- Use my name and/or other pronouns
- Doesn't matter to me - anything professional is fine!
Considerations of LGBTQ Students/Trainees

- Allow the trainee to self-disclose to other members of the team, patients
  - A disclosure to one person does not allow for an assumption that others can disclose on their behalf!
- Students/trainees who feel comfortable and affirmed in their SOGI can also serve as an advocate and resource when approaching affirming practices and LGBTQ-specific health considerations
  - Consider inviting these individuals to participate on work groups that may address topics of interest to the LGBTQ population

Clinic/System-wide Assessment

- After assessing personal and practice site inclusivity, evaluating the clinic/health system is an appropriate “pulse-check”
- Healthcare Equality Index (HEI): Developed by the Human Rights Campaign allowing institutions, clinicians, and patients to identify affirming and equitable healthcare environments for LGBTQ persons

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HEI

- Created in 2016 as a scoring criteria encouraging hospitals/facilities to adapt LGBTQ-inclusive policies (facilities with at least 100 employees invited)
- 5 criteria used for assessment (total possible score = 125):
  - Non-Discrimination & Staff Training
  - Patient Services & Support
  - Employee Benefits & Policies
  - Patient & Community Engagement
  - Responsible Citizenship

- Facilities need to score 100 points to be considered an "LGBTQ Healthcare Equality Leader" (Listed in national publication)

Selected Examples

"Does your system provide..." (40/125 points)

<table>
<thead>
<tr>
<th>LGBTQ-inclusive Patient Non-Discrimination Policy (must include terms “sexual orientation” and “gender identity”)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy shared/available to the public</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Policy shared with staff</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>LGBTQ-inclusive employment non-discrimination policy (must include terms “sexual orientation” and “gender identity”)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Policy shared with public/prospective employees</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Training in LGBTQ Patient-Centered Care available to staff through HEI</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>
### Selected Examples

**“Does your system provide…” (30/125 points)**

| Written strategy or plan for reducing health disparities among LGBTQ patients and/or explicitly incorporates LGBTQ patients into a plan for reducing all patient disparities | YES | NO |
| Facility makes LGBTQ-knowledgeable/friendly providers known to interested patients or provides mechanism to make LGBTQ-specific referrals (e.g., listing of providers that list LGBTQ Health as a service, filter option to identify these providers) | YES | NO |
| Provides certain LGBTQ-specific clinical services | YES | NO |
| Has an externally promoted LGBTQ-focused office, advocate, or LGBTQ-specific patient navigator | YES | NO |
| Website contains educational LGBTQ-related health information and/or links to LGBTQ health education resources from outside organizations | YES | NO |
CASE 1: MEET ERIC

Eric is a 34-year-old white male looking to establish a PCP in the town he just moved to for employment.
PMH:
- GAD (been controlled x 6 years; citalopram 20mg daily)
- DLD (been managing with lifestyle only)
SH:
- Drinks 3-4 beers/week (weekends)
- (-) Smoking/tobacco/illicit
- Works in IT for local health-system; employer-sponsored insurance

CASE 1: ERIC

Eric registers with the front-desk staff with no concerns. Once in the exam room with the nurse, Eric is asked: “are you sexually active?” Eric promptly responds “no.” The nurse follows with: “are you straight?” In which he said “yep and just looking for a physical and a provider to refill my meds…” Eric appears uncomfortable.
- Currently unknown to the medical staff, Eric identifies is bisexual and was previously sexually active with men and women up until his recent move 2 weeks ago
- What could be some reasons that Eric chose to not disclose this to the nurse?
CASE 1: ERIC

Potential Reasons:

▪ Perceived negative consequences disclosing SO and sexual history
  - Discrimination/bias from PCP and medical staff (esp. how patient was questioned)
  - Job insecurity: concern of unwelcoming employer related to LGBTQ people
  - Social: potential ostracization from friends and family

What are some potential solutions to mitigate these concerns and help the PCP provide affirming care?


CASE 1: ERIC

Potential Solutions

▪ Discussing Eric’s sexual history in a routine, medically-necessary manner

▪ Affirming the level of confidentiality on SOGI

▪ Re-reviewing SOGI in a non-assuming manner
  - “Have you ever been in a romantic relationship?”
  - “What are the genders of those with whom you’re sexually active?”
  - “When was the last time you had sexual contact?”


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CASE 1: ERIC

Eric responds to most of the PCP’s questions, yet still appears nervous. He shares the following:

- “I sometimes have sex with men and women, but it’s been a few weeks.”
- “I guess I’m not gay, but I’m not straight either. I guess I’m bi, but no one in my family knows that. I appreciate you saying this will stay behind closed doors, but not really sure why it matters for this visit…”

The PCP thanks Eric for the information and shares that some types of sexual contact with other men may put him at risk for STIs and HIV. After sharing this, Eric agrees to a HIV test today and is OK discussing things more at his next visit. Eric is also provided a brochure on HIV PrEP to review prior to that next visit.

CASE 2: MEET BRIAN

Brian is a 29-year-old TGM checking in for an annual wellness visit. Brian is wearing sweatpants and a hooded sweatshirt when talking with the front desk staff. Of note, Brian has not started on hormone replacement therapy and uses “binders” to minimize the appearance of breasts (no surgeries). The staff member is having a hard time finding Brian in the system and notices Brian’s voice sounds more “feminine” than expected. Wanting to avoid being offensive, the staff member steps away to ask a supervisor for help.

**What questions or tools could this staff member use to be inclusive when interacting with Brian?**
CASE 2: BRIAN

Potential inclusive questions/tools:

- Asking: “Could you be listed under a different name in our system or your insurance?” or “would you happen to have an ID I can use with a different name listed?
  - A word of caution with photo ID’s
    (once legal name and identifiers confirmed) asking if Brian is their preferred name for things in their chart
- Provide: an intake form that asks for preferred name, pronouns, and SOGI
  - Should allow patient the option to not disclose or identify with the options listed!


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Wednesday, March 16, 2022
CASE 2: BRIAN

Brian discloses using he/him pronouns and “Brittany” is his legal name. He discloses on the form that he identifies as gay and a TGM.

After being brought into an exam room, the PCP enters yet never got a chance to review the demographic information about Brian beforehand, but was informed at the last-minute that “the patient” is a TGM.

What would be an affirming way to gather this information?

“Hi, my name is Dr. XYZ, I use she/her pronouns, and I’ll be your provider today. What would you prefer me to call you/what name do you go by?”
CASE 2: BRIAN

While reviewing Brian's chart, the PCP notices the patient has never had cervical cancer screening, but wants to make sure not to offend him when asking about performing a pap smear.

How can the PCP assess this through questioning in an affirming manner?

- Reviewing with Brian his sex assigned at birth
- Stating: “as someone assigned female at birth, there are certain cancers we watch out for depending on which organs you may have. Would it be okay if I go through a list of organs, and you tell me if you have them or not?”

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CASE 3: MEREDITH

Meredith is the medical director of a FQHC (the second-largest health center in the region with six sites and 150 employees). She’s been informed that the FQHC continues to grow in seeing patients who identify as LGBTQ and the risk manager wants to make sure that the clinic is as affirming as possible.

What are some things Meredith can assess and/or participate in to create an affirming environment for LGBTQ persons?

Areas to assess:

- **Policy**: inclusion of SOGI in patient and employee non-discrimination policies (making publicly available)
- **Physical environment**: Incorporating LGBTQ-friendly symbols in public areas, materials
- **Training**: Bringing in community experts to train staff/providers on affirming care
- **System**: Does the EHR allow for documentation of SOGI and pronouns? Sexual organ inventory?
- **Community Engagement**: are LGBTQ-specific issues addressed in the community? How is the clinic engaging with the LGBTQ population?
- **Formal assessment**: Consider participation in HEI and enrolling in the GLMA directory?
Conclusions

- LGBTQ-specific barriers can affect patient care and trust along the entire care continuum
- These barriers and LGBTQ-specific SoDH occur across all aspects of the patient care process, including the policy level
- Understanding the various barriers and stigma associated with LGBTQ persons and how to mitigate them can positively improve patient interactions and outcomes
- Intentional, normalizing communication along with external cues can improve the patient-provider relationship and ultimately improve patient care
- Reviewing system-level policies and services for LGBTQ inclusivity opens opportunities for large-scale change advocated by pharmacists (you!)

Polling Question
Which of the following is a quick, clinic-wide change that improves inclusivity for LGBTQ persons?

A. Creating all-gender bathrooms
B. Implementing pronoun collection in EHR
C. Drafting a non-discrimination policy
D. Forming an LGBTQ-specific outpatient clinic
E. Collaborate with community partners for LGBTQ-inclusive events
Polling Question
Outside of healthcare providers, which of the following personnel would have the greatest impact on the patient experience for LGBTQ persons?

A C-Suite staff
B Registration staff
C Facilities management
D Lab/Phlebotomy staff
E Risk Management staff

Practical Strategies and Resources to Transform Your Awareness into Action

• Being comfortable with basic terminology used by sexual and gender minorities is the first step in creating a welcoming and affirming environment for LGBTQ+ patients.
• Identifying and connecting with champions for LGBTQ+ inclusivity in the community will lead to increased access to health services relevant to LGBTQ persons.
• Maximize the impact of an affirming environment by collaborating with leadership on a global assessment, such as the HEI.
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• Deutsch MB. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People, 2nd Edition. Center of Excellence for Transgender Health, University of California, San Francisco; 2016.

• Genderbread Person - A teaching tool for breaking the big concept of gender down into bite-sized, digestible pieces. https://www.genderbread.org/


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