

## Creating an Affirmative Environment to Provide Access to Quality Care for LGBT People

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**W**hile the rights of lesbian, gay, bisexual, and transgender (LGBT) people have come into greater focus in recent decades, attention to the need for equitable health care has been more recent. This increased recognition was fueled in part by evidenced-based documentation of health disparities among LGBT people (discussed elsewhere in this issue of *Forum*). These disparities were highlighted in Healthy People 2020, which documented unique health issues in the LGBT community, and the Institute of Medicine's report *The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding*, which was commissioned by the National Institute of Health and published in 2011. This report not only detailed what we know about LGBT health disparities but also discussed their etiology based in stigma and discrimination, including bias in health care and lack of data and education about LGBT health needs throughout our health care system. To improve care, we must create welcoming environments for affirmative and inclusive care that recognize the great diversity of LGBT people. Three areas, listed below, are worth considering.

**Ending LGBT invisibility.** Ending LGBT invisibility is critical. Greater awareness of LGBT people through the media has helped us move toward erasing traditional stereotypes and has demonstrated the importance of approaching all people without assumptions or judgments. This is particularly true in health care. If we are going to provide quality care

for LGBT people, it is critical that providers and patients openly discuss sexual orientation and its dimensions of identity, behavior, and desire as well as gender identity. There are many ways to accomplish this. For many, a routine visit starts with a statement such as "tell me about yourself," which may open an opportunity for self-disclosure assuming the environment embraces an openness to diversity that includes LGBT people. In addition, we have to spend more time ensuring that we ask our patients about their history of sexual health in ways that go beyond risk behaviors and allow safe discussion of sexual orientation and gender identity. It may help to offer structured opportunities for patients to provide this information electronically either through a patient portal or at the time of registration using structured questions in the electronic health record. These approaches are being tested at a number of organizations and have been endorsed by the Institute of Medicine and The Joint Commission. Having these data not only allows clinicians to address patients' unique health needs but also allows organizations to assess quality of care provided to LGBT people compared to the general population.

**Improving awareness of the clinical needs of LGBT people.** Clinicians, staff, and trainees can all benefit from educational programs that focus on the health needs specific to LGBT people. This includes topics like smoking cessation, which is a preventive health concern in the LGBT community, and care choices. For example, many transgender

men may still retain female reproductive organs, including a cervix, that require ongoing cancer screening. Addressing this issue with sensitivity and understanding is critical to providing appropriate care.

Support staff may not need to know specifics of each patient's care, but they will need to know why people change their name or preferred pronouns. This is information that all patients should be asked when first registering for care, and these questions should be repeated periodically throughout one's life given that our patients may affirm their gender at different life stages and may not offer this information at their initial visit.

**Demonstrating inclusiveness.** Health care organizations should recognize that many LGBT people have had negative experiences seeking health care and may have avoided needed care as a result. Approaches to righting past experiences and ensuring satisfaction begin with demonstrating inclusiveness in many ways. This can begin with revision of forms to replace terms such as "husband and wife" with "partner or spouse." Imagery on brochures promoting services and patient education should include images of same sex-couples, especially for geriatrics and maternity care. Finally, simple ways to learn about the experience of LGBT patients who receive care at your practice can include the addition of one or two questions in routine patient satisfaction surveys asking if patients identify as LGBT. Such questions can be voluntary but are

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another indication to LGBT people that a practice is sincerely interested in ensuring access to high-quality care.

### References

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3. Makadon H, Mayer K, Potter J, Goldhammer H, eds. The Fenway guide to lesbian, gay, bisexual, and transgender health. Philadelphia: American College of Physicians, 2008.

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