


CARING FOR THE LGBTQ+ COMMUNITY: AN INTRODUCTION



Presented by: Dr. Michelle Garrido and Dr. Dustin Nowaskie
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Welcome: Chris Mayne, Optum CA Chief Administrative Officer

Addressing health equity and inclusivity is critical for improving health outcomes and our business


- As of 2019, there were **9M** LGBTQ+ Americans
- Half-Million Same Sex Couples in America **500k**
- 700,000 transgender people in the U.S. **700k**

17% of LGBTQ+ adults have experienced discrimination at the doctor's office

29% chance that a trans person has had to educate their own doctor about their health issues

In a recent survey, 80% of providers, nurses, and admin staff at a urology clinic felt they didn't have the necessary training to care for transgender patients

20% of LGBTQ+ adults say they avoided seeking medical care out of fear of discrimination




This activity has been approved for CME credit. Stay tuned to the end to learn how to claim your credit.

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Faculty Introduction


Michelle M. Garrido, MD, MS

- First Generation Cuban American
- BS: UCLA, Masters of Science, Biology; CSUN, MD: UIC
- Residency: Harbor-UCLA
- Boarded in Family Medicine
- PCP for OPTUM CA
- Identify as woman(she/her)
- Identify as a lesbian

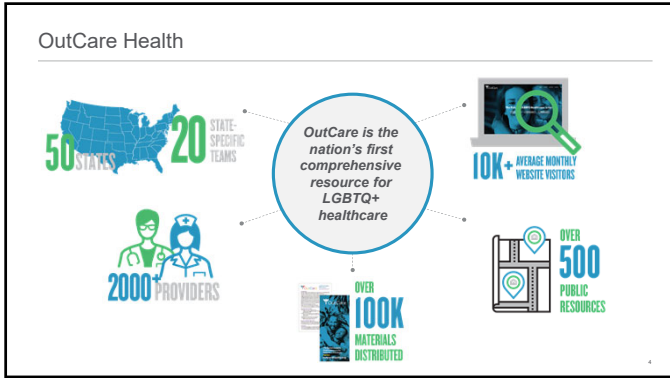


Dustin Z. Nowaskie, MD

- BA: Psychology/Biology, B.S. Neuroscience: USC
- MD: Indiana University School of Medicine (IUSM)
- Residency: Department of Psychiatry, IUSM
- Founder and President, OutCare Health
- Identify as genderqueer (he/him/his)
- Identify as queer



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- Learning Objectives
- 1 Learn respectful use of terminology and pronouns
 - 2 Understand differences between gender identity and sexual orientation
 - 3 Understand systemic barriers to adequate health care that sexual and gender minorities face
 - 4 Discuss relevant clinical applications

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LGBTQ+ Terminology and Population
Dr. Dustin Nowaskie

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Terms, terms, and more terms

| Non-Heterosexual Terms | Non-Cisgender Terms |
|--|--|
| <ul style="list-style-type: none"> • Abrosexual • Ace spectrum • Aegosexual • Androsexual • Asexual • Asexual lesbian • Biromantic • Biromantic homosexual • Bisexual polyamorous • Demisexual • Graysexual • Greyromantic demisexual • Gynedemisexual • Heteroflexible • Homoflexible • Massexual • Monosexual • Panromantic asexual • Pansexual • Polysexual • Queer • Queer demisexual • Questioning • Sapiosexual • Sapphic • Sexually fluid | <ul style="list-style-type: none"> • Agender • Agender nonbinary • Agenderflux • Androgenous • Androgyne • Bigender • Both genders • Boy flux • Demiboy • Demigirl • Female genderflux • Gender apathetic • Genderfluid • Genderfluid nonbinary • Gender neutral • Genderqueer • Gray gender • Neutrois • Nonbinary • Omnigender • Pangender • Polygender • Queer • Questioning • Translatin@ • Transmasculine • Transfeminine • Trigender • Two spirited |

55+ Terms on this slide alone!

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LGBTQ+

- L** Lesbian
- G** Gay
- B** Bisexual
- T** Transgender
- Q** Queer
- +** + Other sexual and gender minority people



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Sexual Orientation

Sexual Orientation tells you how a person characterizes their sexual & emotional attraction to others

Common words to describe sexual orientation:

Heterosexual/straight, gay, lesbian, bisexual, asexual

AVOID: homosexual, and 'sexual preference'

Questioning or Queer

Describes a person who is not exclusively heterosexual

Pansexual

Sexual attraction, romantic love, or emotional attraction toward people of many or all sex or gender identities

Sexual Behavior

Sexual expression either physically and/or emotionally for example MSM & WSW

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Gender Identity

Gender Identity tells you how a person identifies *their internal sense of themselves*

Common words to describe gender identity:

| | | | |
|---|---|--|---|
| Cisgender | Transgender | Gender Expression | Gender Affirmation |
| <p>Cisgender Man: sex assigned at birth was male and identifies as a man</p> <p>Cisgender Woman: sex assigned at birth was female and identifies as a woman</p> | <p>Transgender Man: sex assigned at birth was female and identifies as a man</p> <p>Transgender Woman: sex assigned at birth was male and identifies as a woman</p> | <p>How one presents themselves through behavior, mannerisms, speech patterns, dress, hairstyles, etc</p> | <p>The process by which one supports their gender socially and/or medically</p> |

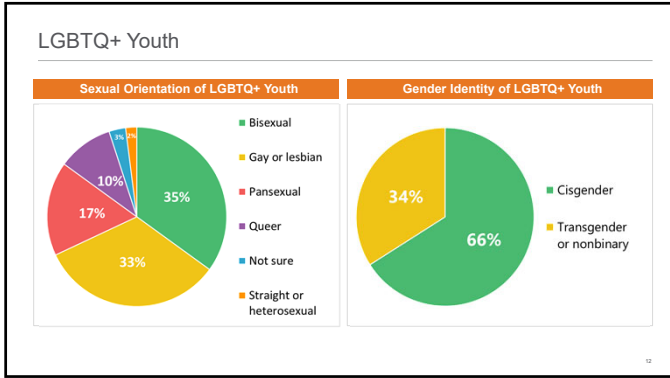
▼
AVOID: hermaphrodite, transgendered, a transgender, tranny, transvestite, sex change

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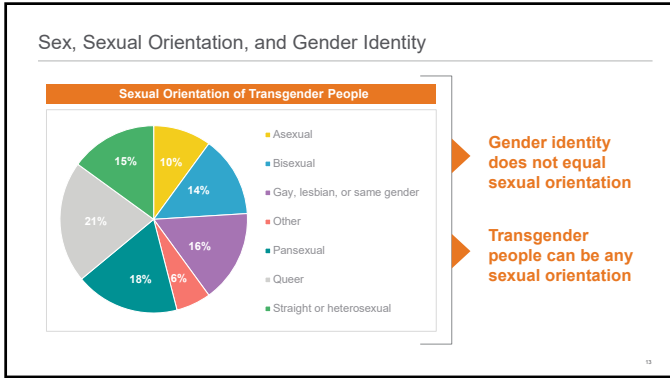
Poll Questions (Anonymous) – Check All That Apply

| | |
|--|---|
| <p>How do you identify your sexual orientation?</p> <ul style="list-style-type: none"> A. Heterosexual/Straight B. Lesbian C. Gay D. Bisexual E. Queer F. Pansexual G. Asexual H. Prefer not to disclose I. Other (if other, please enter free text) | <p>What percentage of the US population identifies as LGBTQ+?</p> <ul style="list-style-type: none"> A. 2% B. 5% C. 10% D. 20% |
|--|---|

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Poll Questions (Anonymous)

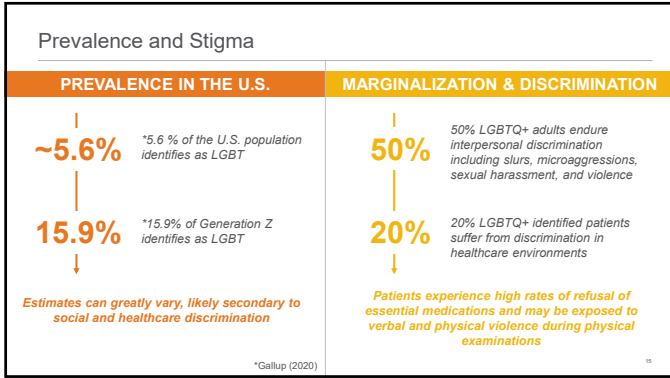
Have you faced discrimination?

A. Yes
B. No

What types of discrimination? (Check all that apply)

A. Gender identity
B. Sexual orientation
C. Race/ethnicity
D. Religious/ political
E. Age
F. None; N/A
G. Other (if other, please enter free text)

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Clinical Applications
Dr. Michelle Garrido

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Case #1: Patient Calls to Schedule an Appointment

- You are a patient support representative responsible for answering phone calls.
- A new patient is calling to schedule their first appointment. You pull up the patient's file and after verifying what's noted in the chart as "male" for sex at birth, you ask, "How can I help you today, sir?"
- The patient corrects you that they identify as a woman and goes by a different name.

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Poll Questions (Anonymous)

You have accidentally mis-gendered someone (i.e. used the wrong name or pronoun). What is the next best step?

- A. Say nothing! If it's not acknowledged, then it didn't happen
- B. Apologize
- C. Report yourself to HR and ask for a reprimand
- D. Stay educated and conscious of your language

Remember that everyone makes mistakes!

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Recommendations

- If you make a mistake regarding someone's identity, acknowledge the mistake/apologize, be honest with your familiarity, and ensure the person that moving forward you will use the correct pronoun.
 - "I apologize. I'll make sure to use the correct <name or pronoun> moving forward."
- Update the patient's file or chart:
 - Make a note of the name patient wants to be called.
 - Document patient's gender identity and pronouns.
- If you are unsure of someone's identity, ask and don't assume.
 - Ask the person how they want to be called.

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Case #2: Patient Presents at Clinic for Appointment

- You are a medical assistant who is about to room the next patient for their doctor's appointment at an outpatient clinic.
- You notice the patient is new to the clinic, so you look at the patient's demographic information in the chart. You notice that the patient's sex at birth is "male," and gender identity is "female".
- You walk into the lobby and notice one patient who is seated. You call out for "Mr. Jones".

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Poll Questions (Anonymous)

How can we ask a patient about their gender identity?

- A. What is your name?
- B. What are your pronouns?
- C. The chart says you're male, so you must be.
- D. Here. Fill out some forms. Please bring back my pen.
- E. Nice to meet you. Can you confirm your name and pronouns?

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Recommendations

- Make it a habit to check the patient's chart *and update it on a regular basis*.
 - A person's sexual orientation and gender identity can change.
 - If a patient is taking the time to inform you, take the time to document and verify patient information.
- Avoid using *sir, ma'am, mister, misses, etc.*

The screenshot shows a patient registration form with the following sections:

- Sexual Orientation / Gender Identity:** Includes fields for Patient Sex (Female), Birth Sex (Female), Identifies as (Male), and Preferred Gender Name (None).
- Patient registration 1:** Includes checkboxes for New patient and Established patient/updates, and fields for Patient Information (Name, DOB, Address).
- Personal health history:** Includes fields for Name, Sex assigned at birth, Gender identity, Race, Ethnicity, and a section for current symptoms.

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Case #3: Clinician

- You are a clinician about to see a new patient. The patient is roomed. Vitals are normal.
- You notice that the patient's sex at birth is male and gender identity is female.
- As you review medical and social history with the patient, patient reports that they are "socially" transitioning but has not used hormones or had any surgical interventions.
 - Normal formative history and milestones either early or on-time.
 - Finishing final year of high school and will be attending college out-of-state next year.
 - Sexually active since age 14 and has had sex with females and males. Four sexual partners. Protected intercourse. Identifies as gay.

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Poll Questions

Gender identity and sexual orientation are different parts of a person's identity.

- A. True
- B. False

Gender identity and sexual orientation can change over a person's lifetime.

- A. True
- B. False

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Recommendations

- If you misgender someone: acknowledge, ask, update
- Read chart, update as needed
- Sexual Orientation and Gender Identity are **different** features of a person's identity

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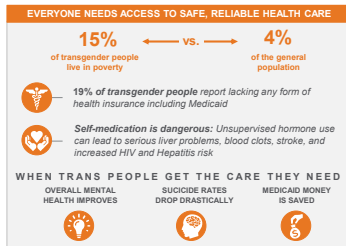
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Why Is This of Societal Importance?

As an organization, our goal is to treat all patients and provide equitable access to everyone

Barriers to care:

- **Legal:** Lack of shifting legal protections against discrimination in health care
- **Medical providers:** Limited access to competent providers
- **Implicit and explicit biases**



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Why Is This Clinically Important?

The **LGBTQ+ Community** faces **specific risk factors** and has **clinical needs unique to their population**

Risk Factors:

- **Mental health:** Risk of major depression, anxiety disorders, and suicide
- **Sexual health:** Reproductive organs and preventive care
- **Preventive care:** Rates of poor physical health, activity limitation, chronic disease (heart disease, cancers)
- **Substance use:** Risk of substance abuse issues

Clinical Considerations:

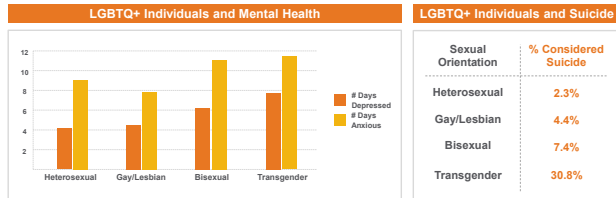
- Need for referrals to endocrine, plastics, GYN, urology, psychiatry



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Why Is This Clinically Important?

The LGBTQ+ Community suffers from especially high rates of mental health issues, increasing the need for a provider / medical group that they can trust



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Next Steps for Optum

- L** Liaise
- G** Gather Information
- B** Be Sensitive
- T** Talk
- Q** Quote Us!



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Closing

Dr. Michelle Garrido and Dr. Dustin Nowaskie



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Learning Objectives & Key Takeaways

| | | |
|---|---|---|
| <p>1 Learn respectful use of terminology and pronouns</p> | ➔ | Ask questions! It's ok to make mistakes! |
| <p>2 Understand differences between Gender Identity & Sexual Orientation</p> | ➔ | Two separate elements of a person's identity |
| <p>3 Understand systemic barriers that sexual and gender minorities face</p> | ➔ | LGBTQ+ community is a diverse group of individuals, united by a common history of repeated historical discrimination and victimization, who also require a specialized and sensitive clinical approach |
| <p>4 Discuss relevant clinical applications</p> | ➔ | Keep learning! |

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Thank you.

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Reference Materials

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- UCLA Williams Institute: <https://williamsinstitute.law.ucla.edu/visualization/lgbt-states/?topic=LGBT#density>
- Gallup 2020: 5.6% <https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx>
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