



Across the Sexual Orientation and Gender Identity Spectrum: A Call to Action

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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 9 Million LGBTQ+ Americans **9M**
- 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

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

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

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



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Understanding the complexities of the population

5.6% of Americans identify as LGBT¹

- A majority of LGBTQ+ identify as bisexual²
- 1 in 6 Gen Z adults identify as LGBT¹
- 7.6% of respondents did NOT answer the question on sexual orientation¹

LGBTQIA population in the U.S.

- 25.6M Americans acknowledge same-sex attraction²
- 19M Americans engage in same-sex behavior²
- 9M Americans identify as LGBTQ²

Similar populations

- 34.2M Americans with diabetes³
- 6.2M Americans with heart failure⁴
- 1.4M Americans with congenital heart disease⁵
- 4M babies born every year in the U.S.⁶

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Americans' self-identification as LGBT by generation.

The population is poised to grow.

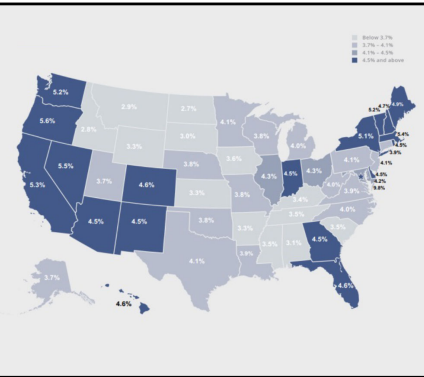
	LGBT % ⁷	Straight / Heterosexual % ¹	No Opinion % ¹
Generation Z (born 1997-2002)	15.9	78.9	5.2
Millennials (born 1981-1996)	9.1	82.7	8.1
Generation X (born 1965-1980)	3.8	88.6	7.6
Baby boomers (born 1946-1964)	2.0	91.1	6.9
Traditionalists (born before 1946)	1.3	89.9	8.9

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The population is represented across the country.

LGBTQ individuals live across the United States in rural, urban and suburban locations.

They make up anywhere from 2.7% – 9.8% of the population in each state.⁸



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Disparities and increasing needs in healthcare



Behavioral Health

The LGBTQ community are **2x more likely to have a behavioral health disorder** in their lifetime.⁹

The **rate of suicide attempts is 4x greater** for LGBTQ youth.¹⁰



Chronic Conditions

LGBTQ individuals **have more chronic conditions** and have higher prevalence and earlier onset of disabilities.¹¹

LGBT people are more likely to use the **emergency room or delay care**.¹¹



Transgender Health

Transgender persons are **twice as likely to report limitations in daily activities** due to impairment of health problems (33% vs 16%).¹¹

55% of individuals who sought coverage for transition-related surgery in the past year were denied.¹¹



Family Planning

Among Millennials, **48% of LGBTQ individuals reported that they are planning to have children**.¹²

63% of LGBTQ people planning families expect to use assisted reproductive technology, foster care, or adoption to become parents.¹²

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LGBTQIA+ Health

- Youth Issues: depression, suicide, isolation, rejection, bullying, suicide. As a correlate to the psychologic issues STIs, obesity, cancers, cardiovascular diseases are more prevalent compared to the general population.
- LGBT youth account for up to 40% of all youth experiencing homelessness.
- Even at the end of life, many deal with homophobia and transphobia by medical staff
 - Avoidance of end-of-life care due to previous discrimination
 - Forced outing of orientation or gender by medical staff
 - Financial, institutional and legal barriers which limit partners from medical decision making
 - Disenfranchised grief
- JAMA (9/6/11): a survey of medical school deans in the U.S. and Canada found that the median amount of time in the medical school curriculum dedicated to LGBTQIA+ topics was about 5 hours.¹⁷
- Quality of care is generally poor as a result of stigma, lack of healthcare providers' awareness and insensitivity to the unique needs of the community.

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Across the sexual orientation and gender identity spectrum— a call to action

- Revisit, refresh, and review terminology from previous module
 - Difference between sexual orientation and gender identity
 - Queer, gay, lesbian, bisexual, and other evolving terms
 - Transgender, gender-queer, non-binary, and other evolving terms
- Clinical assessment: Wholistic assessment of the LGBTQ patient, a standardized approach
 - Non-gendered greetings
 - Ensuring privacy and respect
 - Eliciting information that is needed
- Challenging situations for clinicians

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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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Gender Identity	Sexual Orientation
Sense of self "WHO I AM"	Attraction to others "WHOM I'm Attracted to"
<i>For example:</i> Cisgender, transgender, nonbinary, genderfluid, genderqueer, queer, pangender, etc.	<i>For example:</i> Heterosexual, gay, queer, pansexual, asexual, etc.

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Case Study 1

You are working in an urgent care. A gay man presents with symptoms of a URI.

- What information do you need to know?

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Case Study 1

1. What would you ask any patient presenting with URI symptoms?
2. Would you ask any patient identifying information in your greeting?

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Case Study 2

A 40 year old transgender male presents for an outpatient appointment. This is a well-visit. On interview, he reveals he is in a monogamous relationship with a cisgender male partner. The patient identifies as "queer."

- What do we need to know?

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Case Study 2

1. What are the ACOG screening guidelines for persons with a vagina, cervix, and uterus?
2. What are the screening guidelines for timing of mammograms?
3. Do you screen for pregnancy?
4. In contrast, if this was a trans-female, what screening guidelines are recommended?

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Case Study 3

Your patient presents today to get linked with hospice services. She is a female in her 60s with metastatic breast cancer. When you enter the room, you see she has another female with her at the visit.

- What information do you need to know?

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Case Study 3

1. In any case involving end-of-life care and planning, what are some important issues you discuss with patients and their families?
2. In the instance where you anticipate that your patient might be unable to make decisions for themselves, what guidance do you provide to your patient?
3. Are you familiar with California laws regarding the following:
 - Advance Directives?
 - Power of Attorney?
 - Surrogate Decision-Making?
4. Do you have any reason to believe that this couple would be treated differently under the law? By your office?

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Questions?

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