Thank you for attending today’s training. By doing so you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive, culturally competent, high-quality primary health care services.

**Presented by:**
Jane Lose, nurse practitioner, nurse midwife, STRIDE Community Health Center APN Medical Director for the Family Planning Program, CDPHE

**Live Broadcast Date/Time:**
Wednesday, September 28, 2022, 12:00–1:15PM MT / 1:00–2:15PM CT

**Target Audience:**
The presentations in the series are intended for health center and PCA staff from various positions including clinical and non-clinical. Please see the registration information sent out prior to each training for more information about learning objectives and other details.

**Event Overview:**
People who identify as LGBTQ+ face many barriers to health care. Some of the obstacles that they can face include limited access, negative experiences once they reach a clinic, and lack of knowledge on the part of those providing services. LGBTQ+ people are less likely to have health insurance, and more likely to delay care when they need it. There are higher rates of suicide, depression and substance abuse in this community. Community Health Centers have always been on the forefront of providing excellent healthcare to underserved communities, and this includes care for those who identify as LGBTQ+. During this webcast, we will outline some steps that organizations can take to improve the care of this community; through creating safe clinic spaces, fostering cultural humility in staff, and building relationships in the broader community to help steer this important work.

**Learning Objectives:**
By the end of this session, participants will be able to:

- Take steps to improve equity for the LGBTQ+ community who you serve
- Identify and address the challenges that LGBTQ+ people face in accessing healthcare
- Identify several ways to make clinic spaces safer and more welcoming to the LGBTQ+ community
- Utilize the community, patients, and staff to help steer this work
CCHN/CHAMPS Health Equity Learning Series
Creating Safe Spaces in Healthcare for LGBTQ+ People
Wednesday, September 28, 2022

CONTENTS
Page 2: CCHN/CHAMPS Archives
CCHN/CHAMPS Descriptions
Page 2-3: Speaker Biography
Pages 4-14: Slides

CCHN/CHAMPS ARCHIVES
This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date.

For information about all CCHN archives, please visit: www.CCHN.org/webinar-archive.

For information about all CHAMPS archives, please visit: www.CHAMPSonline.org/events-trainings/distance-learning.

DESCRIPTION OF CCHN
The Colorado Community Health Network (CCHN) represents the 20 Colorado Community Health Centers that together are the backbone of the primary health care safety-net in Colorado. For more information about CCHN, please visit www.CCHN.org.

DESCRIPTION OF CHAMPS
Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally funded Community, Migrant, and Homeless Health Centers they can better serve our patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, and the benefits of CHAMPS Organizational Membership, please visit www.CHAMPSonline.org.

SPEAKER BIOGRAPHY
Jane Lose, RN, ANP, CNM has spent her career in healthcare providing primary care in underserved communities. She is an experienced Nurse Midwife and Nurse Practitioner and has held roles of clinician and administrator, working most of her career in Federally Qualified Health Centers. She is an expert in sexual and reproductive health and provides primary care, prenatal care, HIV care and transgender care in her current practice. She has been a part of national level policy work in sexual and reproductive health and quality, and has presented nationally on the topics of reproductive health and transgender care. Currently, she sees patients at STRIDE Community Health Center and is the APN Medical Director for the Family Planning Program for the state of Colorado.
Creating Safe Spaces in Healthcare for LGBTQ+ People

Jane Lose, nurse practitioner, nurse midwife
APN Medical Director for the Family Planning Program, CDPHE

Objectives

Outline the importance of excellent health care for the LGBTQ+ Community

Look at basics to lead your organization to be more welcoming to LGBTQ+ people

Provide resources to pave the way for this work in your agency
1. OVERVIEW

Striving to make care equitable and inclusive for LGBTQ+ people will make the health care you give to everyone better.

"When all Americans are treated as equal, no matter who they are or whom they love, we are all more free."
- Barack Obama

POLL QUESTION

The rate of people identifying as LGBTQ+ is:
• Rising
• Staying the same
• Falling
And yet...

People in the LGBTQ+ community experience significant barriers to health care, health equity and inclusiveness.

LGBTQ Coloradans are more than three times as likely to have ever been diagnosed with an anxiety disorder and nearly three times as likely to ever have been diagnosed with depression than non-LGBTQ Coloradans.


POLL QUESTION

What percentage of LGBTQ+ Youth have attempted suicide?

- 17%
- 35%
- 60%

Impact of societal biases on mental health and well-being

<table>
<thead>
<tr>
<th>Health Disparity #1: LGB adults are more likely to experience psychological distress.</th>
<th>% of adults experiencing psychological distress in past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>LGB</td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Disparity #12: LGB adults are more likely to need medication for emotional health issues.</th>
<th>% of adults needing medication for mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>LGB</td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Disparity #13: Transgender adults are much more likely to have suicide ideation.</th>
<th>% of adults reporting suicide ideation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>LGB</td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Disparity #14: LGB youth are much more likely to attempt suicide.</th>
<th>% of youth reporting suicide attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>LGB</td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
</tr>
</tbody>
</table>

Barriers to Accessing Care

- Cost
- Fear of discrimination
- No health insurance
- Insurance doesn't provide adequate coverage
- Can't find a doctor who accepts my insurance
- Clinic is too far away
- Transportation issues
- No convenient times/could not get an appointment

Note: Respondents were able to select more than one answer.

The COVID Pandemic has contributed to inequities in LGBTQ+ health

**LGBTQ Households Report Serious Obstacles to Health and Accessing Health Care In the Past Few Months**

- Experienced serious problems with depression, anxiety, stress, or sleeping in the past few months: 77%
- Unable to get needed medical care for a serious problem in the past few months: 28%


**LGBTQ Households at Least Twice as Likely to Report Serious Obstacles to Accessing Health Care During the Pandemic**

- Unable to get or delayed getting needed medical care: 38%
- Unable to get or delayed getting needed prescription drugs: 25%
- Serious problems affording medical care: 28%
- Lost health insurance: 13%

INCREASED HEALTH DISPARITIES

- Key disparities between LGBT adults and the general population are seen in the incidence of HIV/AIDS, and chronic physical conditions such as diabetes, obesity, and arthritis.¹
- LGBT families of color face double disparities because people of color also have reduced access to healthcare, lower rates of routine care and prevention, and higher rates of debilitating diseases like obesity, cancer, diabetes, and HIV/AIDS.²
- Low-income LGBT families, LGBT families living in poverty, and LGBT families living in rural communities also face a "multiplier effect" that increases disparities for chronic conditions like cancer and diabetes.³
- LGBT adults report experiencing psychological distress, which researchers attribute to accumulated effects of stigma and discrimination.⁴
- While several studies provide information about the health status of the LGBT population, much is still not known about LGBT families due to a consistent lack of data collection.

2. LANGUAGE

"Speech has power. Words do not fade. What starts out as a sound, ends in a deed."
-Abraham Joshua Herschel

Terminology

- SEXUAL ORIENTATION: an individual's inclination to feel sexual attraction or arousal to a particular body type or identity
- ASSIGNED SEX AT BIRTH: the aggregate of an individual's biological traits (genotypical and phenotypical) as those traits map to male/female
- GENDER IDENTITY: an individual's personal and subjective inner sense of self as belonging to a particular gender.

LGBTQIA+ Glossary of Terms for Health Care Teams

Safe Zone Project Inclusive Language DOs and DON'Ts
**Gender Identity**

How you feel inside, how you identify yourself. Your internal experience of your gender.

- **Male**
- **Female**
- **Intersex**
- **Man**
- **Woman**
- **Non-binary**
- **Other**

**Sex Assigned at Birth**

The sex that you are labeled at birth, usually based on the appearance of your genitals.

https://www.impactprogram.org/lgbtq-youth/gendermap/

---

**The Gender Unicorn**

Graphic by TSER

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore
“I just wanted to reach out with the intention of helping to educate the folks at Stride you work with by pointing out this screenshot of the note made by the dental assistant which saw me about my tooth issue.

Clearly this isn’t acceptable communication, especially as it’s patient accessible.”

Comments: Jane Lose asked I see "her" per patient request. Does not meet panel guidelines. Had wisdom teeth removed about a month ago and thinks LR extracted area has pus and has not healed.

3. FORMS/PAPERWORK

Key Points

• Differentiate between gender identity and sex assigned at birth
• Allow for multiple options in sexual orientation, including a write-in option when possible
• Be thoughtful about options in marital status
• Have a plan about how to answer questions- from patients who do not like the form, and people who wonder why you are asking and what you will do with the information
Callen-Lorde new patient intake
https://callen-lorde.org/graphics/2021/07/Patient-Registration-and-Consent-Form.pdf

Whitman-Walker new patient intake
4. CLINICAL ENVIRONMENT

“Openness may not completely disarm prejudice, but it’s a good place to start.”
Jason Collins

CHAT DISCUSSION

What are some qualities of a gender-affirming provider?
5. COMMUNITY ENGAGEMENT

"The beauty of standing up for your rights is others see you standing and stand up as well."
- Cassandra Duffy
LGBTQ+ Resources in Denver Metro

At STRIDE CHC, we provide a multitude of health services for the LGBTQ+ community in the Denver Metro area. Our expert team of healthcare providers offer a stream of services in affirmation, primary care, family planning, mental health, and more.

We are committed to providing respectful, compassionate care in a private, nondiscriminatory environment for everyone. By protecting our patients’ privacy, we intend to maintain the dignity and trust you deserve.

LGBTQ+ Health Services

We understand being free to be yourself is the healthiest way to live, mentally and physically. Our LGBTQ+ health services are dedicated to supporting individual identities while providing the finest medical care in Denver Metro. Our team of attentive, friendly providers offers the LGBTQ+ community support and resources that they can count on.
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 2022 features more than 2,200 healthcare facilities nationwide, including those that actively took the HEI 2022 survey as well as those that were researched by the HRC Foundation.

https://www.hrc.org/resources/healthcare-equality-index

CrescentCare – Transgender Advisory Committee
Established June 8, 2017

MISSION
• The mission of the Committee is to be a resource and an advocate for gender diversity and inclusion. The Committee serves to educate the CrescentCare community about transgender health issues, support leadership opportunities for transgender and gender non-conforming persons and promote a supportive environment for diverse employees, patients, families, friends and allies. We will achieve success through efforts and activities that aim to:
  • Promote a welcoming and inclusive workplace, health center and community where all persons are valued for their contributions and encouraged to be their authentic selves
  • Develop a workforce with expertise in transgender health and an understanding of diversity and inclusion as a strategy for organizational success
  • Enhance recruitment, retention, and engagement of transgender employees and allies
  • Build trust and sustain authentic dialogue with the community

VISION
• To be a leader among health centers by leveraging the strengths of a diverse team to provide excellent healthcare to everyone we serve, regardless of gender identity or expression.
6. PROVIDERS

“Equality means more than passing laws. The struggle is really won in the hearts and minds of the community, where it really counts.”
– Barbara Gittings

Most of what you do when providing health care for the LGBTQ+ Community is about being human, not about being LGBTQ+. 
Qualities of an Affirming Provider

- Is comfortable with my sexual orientation or gender identity
- Asks me about my sexual orientation, gender identity, and/or relationship status
- Has LGBTQ-inclusive forms that list sexual orientation, gender identity, relationship status
- Uses gender-neutral language when talking about reproductive health, sexual health, or relationship status
- Has signs, posters, and other visible signals that the office setting is LGBTQ-inclusive
- Includes sexual orientation and gender identity in the organization’s posted non-discrimination statement
- Has gender-neutral restrooms in the office and/or clinic setting
- Has LGBTQ people on staff
- Asks me and addresses me by my correct pronouns
- Asks me and addresses me by my chosen name, rather than my legal name
- Has trained frontline and medical support staff on LGBTQ competency
- Has knowledge on transgender-specific and related health care needs is comfortable with patients who identify as transgender
- Addresses my transgender-specific health care needs, not only other medical needs
- Has office policies and forms that are transgender-inclusive
- Has specific knowledge or training to deliver health care services to LGBTQ people
“I’m going to ask you a few questions about your sexual health. Since sexual health is very important to overall health, I ask all my patients these questions. If you’re uncomfortable answering any of these, just let me know, and we’ll move on. To begin, what questions or sexual concerns would you like to discuss today?”

Have you been sexually active in the last year? 
- Yes
  - What types of sex do you have (oral, vaginal, anal, other)?
  - With men, women, both, or another gender identity?
- No

Have you ever been sexually active?
- Yes
- No

Continue with medical history.
The Five “P”s

To further guide your dialogue with your patient, the 5 “P’s” may be a useful way to help you remember the major aspects of a sexual history.

1. Partners
2. Practices
3. Protection from STIs
4. Past History of STIs
5. Pregnancy Intention

PATH Framework: Asking about Reproductive Goals

**Figure 1: Selected Health Disparities Among LGBT Populations.**

- Higher rates of HIV and other sexually transmitted infections
- Lower rates of mammography and Pap smear screening
- Higher rates of substance abuse
- Higher rates of unhealthy weight control/perception
- Higher rates of smoking
- Higher rates of depression, anxiety
- Higher rates of violence victimization

Many patients, including those in the LGBTQ+ community, present with complex trauma histories. Trauma informed primary care helps people heal.

7. RESOURCES


GLMA (Gay and Lesbian Medical Association) GUIDELINES FOR CARE OF LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PATIENTS https://www.glma.org/_data/n_0001/resources/live/Welcoming%20Environment.pdf


NACHC Toolkit: Transforming Primary Care for LGBTQ+ People https://www.nachc.org/toolkit-transforming-primary-care-for-lgbt-people/

National LGBTQIA Health Education Center https://www.lgbtqiahealtheducation.org/
Thank you!