

## CREATING A WELCOMING OFFICE

*Imagine an African-American gay man walking into a waiting room full of brochures that show images of heterosexual white couples but none of same-sex couples or people of color. Then he sits down to complete a registration form that only has options for single or married. He is in a long-term relationship in a state where he cannot get legally married. Which box should he check? It is unlikely that he feels included, affirmed, or even safe to disclose his sexual orientation to his provider. For a transgender patient there is the further humiliation of being called the wrong name or wrong pronoun in the waiting area because intake forms don't capture current gender identity and preferred names.*

*Adapted from: Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health*

Many lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) people experience invisibility in the health care setting. Yet health professionals' knowledge of patients' sexual and gender identity may be critical to receiving necessary preventive care or a correct diagnosis. Societal homophobia, as well as fear of discrimination based on past experiences, contributes to LGBTQ discomfort in disclosure, thus contributing to health disparities in the LGBTQ population. Furthermore, members of racial or ethnic minorities may experience additional barriers due to racism and/or cultural biases. Youth also have particular confidentiality and other concerns that need to be addressed with sensitivity so that they feel comfortable disclosing sexual and social behaviors relating to their health care needs.

Homophobia in medical practice still exists.<sup>1</sup> More than half of LGB respondents in a 2009 survey reported that they had experienced at least one of the following: health care professionals refusing to touch them or using extra precautions; health care professionals using harsh or abusive language; being blamed for their health status or health care professionals being physically rough or abusive. Among transgender and gender non-conforming respondents, 70% reported such discrimination.<sup>2</sup> Respondents who were persons of color and/or low income reported higher rates of discrimination.<sup>3</sup>

While parts of country have become more accepting in recent years, these issues have not disappeared entirely. Health care providers can take steps to affirmatively let their LGBTQ patients of all backgrounds and ages know that they are welcome and will be treated respectfully. By modifying office spaces, practices, policies, and staff training—often with simple steps—health care providers can improve access to quality health care for LGBTQ people, youth, and members of various racial and ethnic backgrounds in their communities.

The majority of youth, including LGBTQ youth, are healthy and well-adjusted. High risk behaviors exhibited by some LGBTQ adolescents are often reactions to social stigma and victimization by family, peers, and/or society.<sup>4</sup> Effectively serving all youth, including LGBTQ youth, may require staff education as well as modifications in the medical office. Become familiar with adolescent sexuality development for all adolescents (see Section 1), mental health issues related to the coming out process for LGBTQ youth, and related physical and sexual victimization. Additional resources are found throughout the [\*PrEP Education for Youth-Serving Primary Care Providers Toolkit\*](#).

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### CREATE AN INCLUSIVE CULTURE

**Train all staff to be welcoming and nonjudgmental.** Provide training opportunities to teach employees about the different populations you serve or seek to serve. Training for all staff is critical to creating and maintaining spaces that feel safe for LGBTQ and youth populations. Training should be periodic to keep staff up-to-date; train all new staff within 30 days of hire. Be sure to teach appropriate standards of respect towards transgender individuals including referring to them by their preferred name and using appropriate pronouns.

**Create an environment of accountability.** Appoint a staff person responsible for providing guidance and fielding complaints. Encourage office staff to politely correct colleagues who use wrong names or pronouns or make insensitive comments. Create a safe space where people feel comfortable supporting one another in having an inclusive environment.

**Hire diverse staff.** Hiring staff with different racial/ethnic, age, ability, and other cultural backgrounds helps to bring valuable knowledge and perspectives to the practice and signals an open environment. Openly gay, lesbian, bisexual, transgender, and queer staff can help LGBTQ patients feel comfortable.

**Share these guidelines with all staff.** The guidelines will reinforce training and provide a reminder of expected standards of care in the office.

**Address prejudices.** Some employees may have longstanding negative feeling about LGBTQ populations due to ignorance or lack of familiarity with LGBTQ issues. Some may feel their religious beliefs require condemnation of LGBTQ persons. Some employees may need individual training and counseling.<sup>5</sup>

### CREATE A WELCOMING PHYSICAL SPACE

**Greet and interact with patients using gender-neutral terms.** Front line staff plays a critical role in helping patients feel welcome and get the services they need both in person and over the phone. For transgender persons who are often discriminated against or misunderstood, every interaction counts in creating a welcoming environment. A person's gender is not always apparent by name or appearance. Address people without using terms that indicate gender. You can avoid using Mr./Mrs./Ms./Miss by using first names or by using the first and last name together or by saying, "Excuse me, we are ready for you."

Also avoid gender terms when talking about a patient to a third party. For example, instead of saying, "She is here for a follow up appointment," you can say "Dr. Aron's 1:00 patient is here," or "The patient is in the waiting room." You can also use "they" as a gender-neutral pronoun. *Never* refer to a patient as "it."

**Present inclusive visual signs.** Include pictures of people of varying races and ethnicities, same-sex as well as opposing gender couples, youth, transgender individuals, and people of different abilities on posters, brochures, and videos and other educational materials and media in the waiting spaces. A rainbow flag, pink triangle, or another LGBTQ-friendly symbol will signal that you welcome LGBTQ patients. Include brochures on LGBTQ health concerns including breast cancer, safe sex, hormone, therapy, mental health, substance use, and sexually transmitted infections such as HIV/AIDS, syphilis, and Hepatitis A and B. Youth might be more comfortable picking up brochures if they are in the examination rooms. Be sure to include materials and signage in the languages commonly used in your service area.

**Post or disseminate a nondiscrimination statement in the waiting area.** State that equal care will be provided to all patients regardless of age, race, ethnicity, physical ability or attributes, religion, sexual orientation, or gender identity and expression.

**Have at least one, clearly marked, universal gender-inclusive restroom.** Many transgender persons as well as others not conforming to physical gender expectations have been harassed for entering the “wrong” bathroom. At least one universal restroom would help create a safer atmosphere.

**Connect with community resources.** Be aware of community and national resources for LGBTQ persons, youth, racial and ethnic minorities, and others in your care. Make connections with groups that can provide resources to enhance the care you provide to your patients.

#### DEVELOP LGBTQ-SENSITIVE FORMS

Electronic or paper patient intake forms which are sensitive to the needs of LGBTQ patients can contribute to patient comfort and ultimately lead to disclosure of information needed to deliver quality health care services.

Consider these additions or modifications:

- **Name:** Develop a system that allows patient to put their **preferred name, gender, and pronouns** into intake and other relevant forms. Staff can then see and use patient preferences. This is helpful for multiple reasons. Many transgender people change their name and gender to match their gender identity. These changes are not always made on their legal documents for various reasons. This new system will also help cisgender (self-identity conforms with the gender that corresponds to biological sex) patients who prefer to use nicknames or middle names. It is important to respect patients’ gender identity by always using their preferred pronouns as indicated on the forms.
- **Gender:** Offer options for female, male, transgender female to male, transgender male to female, and other (leave a space for patient to fill in).
- **Relationship status:** Offer options such as single, married, domestic partnership, partnered, involved with multiple partners, separated from spouse/partner, divorced/permanently separated from spouse/partner, and other (leave space for patient to fill in). Alternatively, leave a blank line next to Relationship Status.
- **Sexual orientation identity:** Offer options for gay, lesbian, bisexual, heterosexual/straight, queer, and other, not sure, don’t know, or please feel free to explain (leave space for patient to fill in).

*Note: youth may be going through a questioning process whereby they explore their sexual identity, gender identity, and sexual expression. This process takes place over a period of years. Health care providers need to be aware of and sensitive to this process and to ask these questions again over time in order to deliver appropriate care as needed at any given time.*

- **Gender identity/expression:** Do you have any concerns related to your gender identity/ expression or sex of assignment?
- **Hormones:** Do you currently use or have you used hormones (i.e., testosterone, estrogen, etc.)? Do you need any information about hormone therapy?

Sample recommended questions for an LGBTQ-friendly intake form can be found in the [Guidelines for Care of LGBT Patients](#) (Gay and Lesbian Medical Association). For more information on taking a sexual history, please see [Taking a Sexual History](#).

## PROVIDE INCLUSIVE CARE

**Approach the patient interview with empathy and a nonjudgmental attitude.** Practicing the tips below will make this process easier for you and your office staff over time.

**Reaffirm confidentiality.** Explain that provider-patient dialogue is confidential. Encourage openness by explaining that you need to ask some sensitive questions in order to understand and best meet their health care needs.

Developing a written confidentiality policy that is distributed to all patients (and possibly signed) will encourage youth, LGBTQ, and all patients of their confidentiality. Your HIPAA policy will cover most elements. You may also want to post the confidentiality policy in plain language in the waiting area.

Additionally, youth in particular need to be told the parameters where maintaining confidence is not possible by law—if there is abuse or a possibility of self-harm. Familiarize yourself with your state laws regarding minor consent and confidentiality as found in the [State Policy Table](#) and inform your patients accordingly.

**Listen to your patient’s language and mirror it.** Listen to how they describe their relationships, partners, sexual orientation, and gender identity and follow their lead about their self-descriptions. This will help to build trust and respect. Caveat: Be careful about using words such as “queer,” “dyke,” and “fag” which have been used derogatorily. While your patients may use them to describe themselves, they are not appropriate for health providers’ use. If you are not sure how to refer to a patient, ask what term or phrase they prefer. The [Glossary of LGBT Terms for Health Care Teams](#) (National LGBT Health Education Center) provides definitions and may provide some guidance as to generally acceptable terms.

**Avoid using the term “gay” with patients.** Unless the patient has used this term, don’t assume it is appropriate even if patients have discussed a same-sex or same gender sexual partner. Some men who have sex with men (MSM)—particularly Black/African American and Latino/Hispanic—do not consider themselves gay. If your patient has not indicated a specific identity or indicated a sexual orientation other than gay, the term may cause alienation or mistrust. Again, listen to your patient’s language and reflect back as appropriate. Proper and respectful language helps build trust.

**Avoid labels.** Youth in particular, and adults as well, may not self-identify using traditional orientation labels such as gay or lesbian. Some may not choose a label at all.

**Ask open-ended questions.** Use gender-neutral terms to describe relationships and sexual behaviors.

**Do not make assumptions** about the gender of a patient’s partner or about sexual behaviors. If a female patient identifies as a lesbian, do not assume that she has never had a male sex partner, a pregnancy, a child, or has little risk of sexually transmitted diseases (STDs).

Likewise don't assume that a male patient who identifies a male sexual partner or identifies as gay has never had a female sexual partner and does not have children.

**Ask only the questions needed for health care delivery.** People are often curious about transgender people and thus sometimes want to ask questions. However, like everyone else, transgender people want to keep their medical and personal affairs private. Before asking a transgender person a question, think about "What do I need to know to best serve this patient? How can I ask for this information appropriately and sensitively?"

**Be aware of differences** in socioeconomic status, racial/ethnic discrimination, age, cultural norms, physical and mental ability, and geography and how they may affect health status and behaviors. Do not make assumptions about literacy or language ability.

**Apologize if you make a mistake.** If you make a mistake, acknowledge it and state that you did not mean to disrespect your patient. If you used the wrong pronoun or term, ask for the preferred term.

### DISCUSS ISSUES SPECIFIC TO LGBTQ PATIENTS

**Mental health and depression.** While most LGBTQ youth are quite resilient and emerge from adolescence as healthy adults, homophobia, biphobia, transphobia and related discrimination, stigma and harassment can contribute to depression, anxiety, and stress for LGBTQ youth.

Youth of color may also struggle with the effects of racism and/or cultural biases. Conduct screening for mental health and depression as indicated.

- Discuss to what extent LGBTQ patients are "out" to family, peers, friends and the extent of support they experience. Strong community support correlates with improved mental health and decreased risk of sexually transmitted diseases (STDs).
- Explore whether youth are using alcohol or drugs to deal with social stress. Studies indicate increased tobacco and substance use among LGBTQ youth who experience a high degree of discrimination and stigma.<sup>6</sup>
- Use [Taking a Sexual History](#) in this toolkit as a launching point to discuss safer sex strategies and to introduce PrEP as indicated. Be prepared to answer questions about STDs and HIV transmission risk for sexual activities of all youth.

**Screen for STDs.** Sexually active gay, bisexual, and other men who have sex with men (MSM) have higher rates of [syphilis](#) and more than half of all new HIV infections occur among MSM.<sup>7</sup> Sexually active youth are also at higher risk of STDs. Nearly half of the 20 million new STDs diagnosed each year in the US are among youth 15 to 24.<sup>8</sup> It is therefore important to provide prevention education and screen these patients for STDs including HIV as indicated. Please see the [Centers for Disease Control and Prevention's 2015 Sexually Transmitted Diseases Screening Guidelines](#). The [Taking a Sexual History](#) in Section 1 can provide guidance on taking a sexual history that helps puts patients at ease and sensitively addresses issues facing various populations. See [sample provider-patient interview videos developed](#) by Physicians for Reproductive Health for additional guidance. Have referral networks in place for follow up care as needed.

**Screen for intimate partner violence.** LGBTQ persons are not exempt from intimate partner violence. Abusers may also threaten "outing," that if they report the violence, the abuser will tell others that about their sexual orientation or gender identity. According to 2001-2009 Youth Behavior Surveys in seven sites and six large urban school districts, 19%-29% of gay and lesbian students experienced dating violence in the prior year and 14% to 31% of gay and lesbian students across the sites had been forced to have sexual intercourse at some point in their lives.<sup>9</sup>



The [National Domestic Violence Hotline](#) is available to all who suffer from intimate partner violence and has an [LGBTQ page](#) to identify local resources to support patients who may need them.

#### SOURCES AND ADDITIONAL RESOURCES

- [I AM: Trans People Speak](#)
- [LGBT Youth](#) (Centers for Disease Control and Prevention)
- [Sexual Risk Behaviors: HIV, STD and Teen Pregnancy Prevention](#) (Centers for Disease Control and Prevention)
- [Syphilis & MSM \(Men Who Have Sex With Men\)-CDC Fact Sheet](#) (Centers for Disease Control and Prevention)
- [What Gay, Bisexual and Other Men Who Have Sex with Men Need to Know About Sexually Transmitted Diseases](#) (Centers for Disease Control and Prevention)
- [National LGBT Health Education Health Center](#) (The Fenway Institute)
- [National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care](#) (Futures Without Violence)
- [A Provider's Handbook on Culturally Competent Care: Lesbian, Gay, Bisexual, and Transgender Population](#) (Kaiser Permanente National Diversity Council)
- [When Health Care Isn't Caring](#) (Lambda Legal)
- [Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth](#) (Levine and the Committee on Adolescence)
- [Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health, 2<sup>nd</sup> Edition](#) (Makodon et. al.)
- [Variations in Sexual Identity Milestones Among Lesbians, Gay Men, and Bisexuals](#) (Martos, et al.)
- [Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff](#) (National LGBT Health Education Center)
- [Barriers to Health Care](#) (National LGBT Cancer Network)
- [Recommendations for Promoting the Health and Well-being of Lesbian, Gay, Bisexual, and Transgender Adolescents: A Position Paper of the Society for Adolescent Health and Medicine](#) (Society for the Adolescent Health and Medicine)
- [Trans HIV Testing Toolkit](#) (University of California San Francisco Center of Excellence on Transgender Health)
- [The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice](#) (United States Department of Health and Human Services, Office of Minority Health)

- 1 Kaiser Permanente National Diversity Council. *A Provider's Handbook on Culturally Competent Care: Lesbian, Gay, Bisexual and Transgendered Population*, 2nd ed., (Oakland, CA, Kaiser Permanente; 2004).
- 2 "When Health Care Isn't Caring," *Lambda Legal*, 2010, [www.lambdalegal.org/publications/when-health-care-isnt-caring](http://www.lambdalegal.org/publications/when-health-care-isnt-caring).
- 3 Ibid.
- 4 "Recommendations for Promoting the Health and Well-being of Lesbian, Gay, Bisexual, and Transgender Adolescents: A Position Paper of the Society for Adolescent Health and Medicine," *Society for the Adolescent Health and Medicine* 52, no. 4:506-510, DOI: 10.1016/j.jadohealth.2013.01.015.
- 5 "Guidelines for Care of LGBT Patients." *Gay and Lesbian Medical Association*. 2006. [http://glma.org/\\_data/n\\_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf](http://glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf).
- 6 "LGBT Youth," *Centers for Disease Control and Prevention*, last modified November 12, 2014, [www.cdc.gov/lgbthealth/youth.htm](http://www.cdc.gov/lgbthealth/youth.htm).
- 7 "CDC Fact Sheet: What Gay, Bisexual and Other Men Who Have Sex with Men Need to Know About Sexually Transmitted Diseases," *Centers for Disease Control and Prevention*, last modified November 17, 2015, [www.cdc.gov/std/life-stages-populations/stdfact-msm.htm](http://www.cdc.gov/std/life-stages-populations/stdfact-msm.htm).
- 8 "Sexual Risk Behaviors: HIV, STD and Teen Pregnancy Prevention," *Centers for Disease Control and Prevention*, last modified April 15, 2016, [www.cdc.gov/healthyouth/sexualbehaviors/index.htm](http://www.cdc.gov/healthyouth/sexualbehaviors/index.htm).
- 9 "LGBT Youth."

