

Advancements Toward Equitable Health Care for All Youth:

A Review of Social Determinants
of Health for LGBTQ+
Individuals



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Pronouns: she/her/hers

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Objectives

- Participants will be able to:
 - Understand current research regarding Social Determinants of Health amongst LGBTQ+ populations
 - Identify key barriers the LGBTQ+ community faces when accessing medical and behavioral health care
 - Develop an awareness of evidence-based models to increase health care access for LGBTQ+ youth

Social Determinants of Health

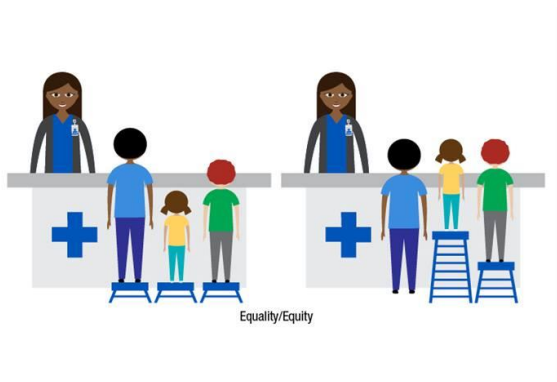
- Non-medical factors that influence health outcomes



[CDC](#)

(Palmer et al., 2019)

Health Equity



[Nationwide Children's Hospital](#)

- Everyone has a right to good health
- No one should be disadvantaged
- Systemic issues and intersectionality
- Cultural humility vs competence
 - Ongoing process

(Montoya-Williams et al., 2020)

Gender Identity and Sexual Orientation

- Please see [HRC Glossary of Terms](#) for definitions
 - Trans/transgender
 - Gender Diverse
 - Non-binary
 - Gender-fluid
 - Agender
 - Cisgender
 - AFAB/AMAB
 - Sex assigned at birth
 - Intersex
 - Asexual/Aromantic
 - Bisexual
 - Lesbian
 - Gay
 - Pansexual
 - Queer
 - Ally
 - Questioning
 - Polyamorous

Discrimination of LGBTQ+

- Seven in ten LGBTQ+ people
 - Harassment, microaggressions, violence, avoidance
- Impacts of intersectional identity

(Casey et al., 2019)
(GLAAD, 2022)

Social

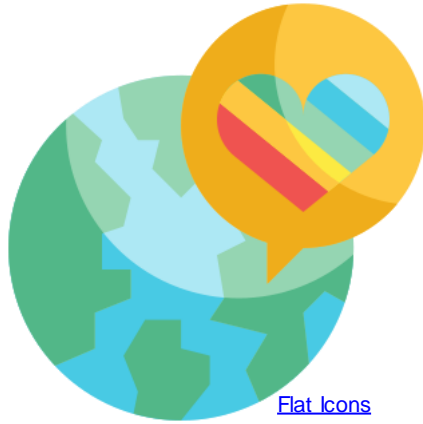
- Social Isolation
- Family Rejection
- Minority Stress
- Policies



[Flat Icons](#)

(Hunt et al., 2018)
(Green et al., 2022)
(GLAAD, 2022)
(Parris et al., 2021)

Economic

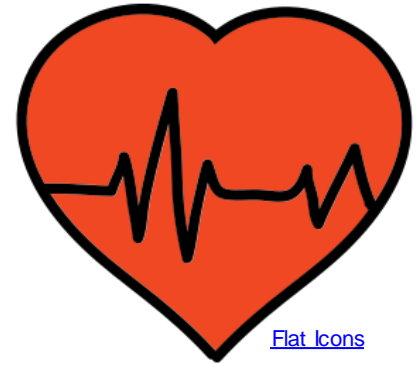


- Increased incarceration
- Higher rate of poverty
- Homelessness
- Unemployment

(Hunt et al., 2018)

Health Disparities

- Medical mistrust
- Lack of educated providers
- Accessibility
- Eating concerns



[Flat Icons](#)

(Hunt et al., 2018)

Health Disparities

- Intimate Partner Violence/Teen Dating Violence
- Health insurance
- Unintended pregnancy
- STI's, syphilis, HIV



[Flat Icons](#)

(Hunt et al., 2018)

Protective Factors



PRCF

- Relationships and communities
- Policies
- Genders and Sexualities Alliances
- Media representation and role models

(Ceatha et al., 2021)

Overview

- LGBTQ+ people are people
- Invest in youth → better outcomes
- Negative experiences → poor follow-up
- Unlikely to engage in preventative care



(Hunt et al., 2018)

Meeting LGBTQ+ Patient Needs

- Training for all staff
- Display nondiscrimination policies
- Intake Forms
 - Write-in options
 - Organ inventory



**Caring for LGBTQ+
Patients and Families in
Pediatric Settings**
Reference Manual for Staff
2022



(Morris et al.,2019)

(Hunt et al., 2018)

Meeting LGBTQ+ Patient Needs



- Pronouns
- Terminology
- Comprehensive Sexual Health Assessments

(Hunt et al., 2018)

Meeting LGBTQ+ Patient Needs

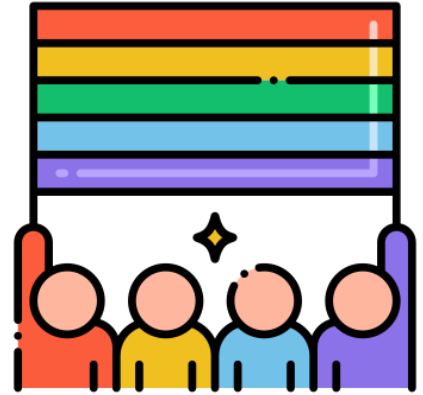
- Trauma-Informed Care
 - Physical Examinations
 - When necessary
 - Give anticipatory guidance
 - Patient-centered terminology



[Flat Icons](#)

Meeting LGBTQ+ Patient Needs

- Considerations when documenting:
 - Safety
 - Update chart to reflect information gathered
 - Acknowledge use of name/pronouns



[Flat Icons](#)

Name and Pronoun Use:

*** is an assigned *** at birth who presents asserting a *** gender identity. ***'s preferred pronouns are ***. *** feels most comfortable with the following name at this time: *** however we will monitor whether or not this changes in the future and use the appropriate pronouns and names accordingly.

In-person interactions:

After careful assessment that takes safety into account, the following describes which pronouns and name to use in which situations.

Use preferred pronouns and name in the following situations: ***

Use birth name and birth-assigned pronouns in the following situations: ***

Inform the patient that anything entered here will be visible to anyone with access to this legal medical record.

Sexuality

Patient's sexual orientation:

Legal Information

Legal first name:

Legal last name:

Legal sex:

Gender Identity

Autofill with default responses for:

Patient's gender identity:

Patient's sex assigned at birth:

Patient pronouns:

Affirmation steps patient has taken, if any: ☐

Patient's future affirmation plans, if any:

Organ Inventory

☐ Organs the patient currently has:

+ breasts	—
+ cervix	—
+ ovaries	—
+ uterus	—
+ vagina	—
+ penis	—
+ prostate	—
+ testes	—

☐ Organs present at birth or expected at birth to develop:

+ breasts	—
+ cervix	—
+ ovaries	—
+ uterus	—
+ vagina	—
+ penis	—
+ prostate	—
+ testes	—

☐ Organs surgically enhanced or constructed:

+ breasts	—
+ vagina	—
+ penis	—

☐ Organs hormonally enhanced or developed:

+ breasts	—
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✓ Close

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NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.











Chart Review
History
Snapshot
Orders
Communications
Patient S

History

GENERAL
Sexuality and Gender Identity

Hope HspcBuild

Male  , 12 yrs, 6/6/2010


MRN: 2277799


Code: Not on file


Legal Guardian: Connor, Mary


Hope HspcBuild (Legal Name)


Pronouns: he/him/his, they/them/theirs


 12 yrs, 6/6/2010
 Gender identity: Male
 Legal sex: Female
 Sex assigned at birth: Female
 Organ inventory (current): breasts, cervix, ovaries, uterus, vagina
 Marital status: Single
 Race: White
 Ethnicity: Non Hispanic/Non Latino

 Contact Information
 614-556-9977 (Home Phone)

 Alternate Contact Person
 Connor, Mary (Mother)
 614-556-9977 (Home Phone)

 Preferred language: English

 23 Awesome St
 COLUMBUS OH 43227

 MRN: 2277799
 CSN: 66659



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

Review

- SDOH of special populations can lead to progression toward health equity
- Systemic change is needed
- Implementing change in direct practice, agency policy, and training can impact LGBTQ+ health equity

How Can We Better Meet the Needs of LGBTQ+ Patients?

Pronouns

- Introduce yourself with your name and pronouns
- Ask patient for name and pronouns
- If you make a mistake, correct yourself and move on
- Avoid gendered terms such as 'sir' or 'ma'am'
- Assist coworkers in using correct pronouns

Healthcare Systems Can:

- Create Inclusive Intake forms
 - o Allow a write-in option for sex assigned at birth, gender identity, sexual orientation pronouns, legal versus preferred name
 - o Organ inventory (when relevant to services)
- Document a patient's gender identity, sexual orientation, preferred name for current/future staff
- Complete comprehensive sexual health assessments, not only focused on heterosexual, cisgender relationships to better assess concern for STI's/pregnancy in patients
- Clearly display nondiscrimination policies for both employees and patients

Inclusive Terms Suggestions:

- other sex vs. opposite sex
- your partner vs. your husband/wife
- blood relative vs. your father/mother
- biological sex vs. sex assigned at birth
- bleeding vs. menstrual cycle
- internal/external pelvic area vs. vagina/penis/vulva
- internal reproductive organs vs. testicles/ovaries
- chest vs. breasts



Documentation:

- Offer medical chart update for gender identity/pronouns
- Consider safety (especially for youth/those who rely on others who are unaffirming of identity)
- Acknowledge your use of patient pronouns/preferred name throughout documentation for clarity

Other Things to Take into Consideration:

- o Do you know what community resources are available for LGBTQ+ individuals in your area?
- o Where are the gender-neutral restrooms located in your agency?
- o Do all staff members at your agency receive training on best practices with LGBTQ+ individuals?

Trauma Informed Care

- Physical Exams:
 - o Only when necessary
 - o Talk through, give anticipatory guidance
 - o Allow patient to control as much as possible (order of exam, moving body parts)
- Ask if patient has preferred terminology for body parts/menstrual cycle



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Questions?



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- Clearly display nondiscrimination policies and inclusive signage to welcome all patients seeking care

Inclusive

Terms Suggestions:

other sex vs. opposite sex
your partner vs. your husband/wife
blood relative vs. your father/mother
biological sex vs. sex assigned at birth
bleeding vs. menstrual cycle
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- o Do all staff members at your agency receive training on best practices with LGBTQ+ individuals?
- o Do gender diverse patients in your community have suggestions about how you can improve services to better accommodate their needs?

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