IMPROVING CULTURAL PROFICIENCY, ESPECIALLY FOR LGBT PATIENTS
Session Outline

- Overview: Merle Cunningham, MD MPH
- National Perspectives: Ignatius Bau
- IOM Report and ACA: Judith Bradford, PhD
- Federal Designations: Elizabeth Wilson, MD MPH
- Improving Services: Robert Garofalo, MD MPH

Presented by the NACHC LGBT Work Group
Learning Objectives

- Describe how national quality organizations are integrating cultural proficiency into quality improvement work
- Identify potential opportunities to address LGBT health disparities through national health reform
- Identify strategies that a community health center could implement to improve services for LGBT patients
National Perspectives on Cultural Proficiency

Ignatius Bau
Health Policy Consultant
Cultural Proficiency

- U.S. Office of Minority Health
  National Standards for Culturally and Linguistically Appropriate Services (CLAS)
- National Quality Forum
- Joint Commission
- National Committee for Quality Assurance
APPROVED: New and Revised Hospital EPs to Improve Patient-Provider Communication

The Joint Commission has approved new and revised requirements to improve patient-provider communication applicable to the hospital accreditation program. These requirements were developed as part of a larger initiative, supported by The Commonwealth Fund, to increase quality and safety through effective communication, cultural competence, and patient- and family-centered care. For many patients, communication can be inhibited by language and cultural differences, or by the patient’s hearing or visual impairment, health literacy, cognitive impairment, disease, or disability.

The new and revised elements of performance (EPs) address the following issues:

- **Non-discrimination in patient care**
  (RL01.01.01, new EP 2)
- **Providing language services**
  (RL01.01.03, revised EP 2 and 5)

See the box below for new language and requirements in underlined and removed language in italics.

The Joint Commission, in collaboration with the National Health Law Program, has also developed an implementation guide to provide example practices and resources that have been found valuable in improving patient-provider communication. The guide will be released to the field in February 2010. The implementation guide presents a variety of effective and efficient methods that hospitals may consider to help them meet the new and revised EPs. Implementation of the new and revised EPs for accreditation purposes will occur no sooner than January 1, 2011. The Joint Commission will determine an appropriate effective date based on the field’s response to the new and revised EPs and to the implementation guide.

For more information on The Joint Commission’s efforts to address effective communication, cultural competence, and patient- and family-centered care, please visit the project Web site: http://www.jointcommission.org/patient_safety/hc/ or contact Amy Wilson-Stuckey, principal investigator and project director, Division of Standards and Survey Methods, The Joint Commission. awilson-stuckey@jointcommission.org or 630-792-5954.

* Please note: Where X.Y. or Z appear in a standard or EP number, the final enumeration will be determined prior to publication in 2011.

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### New and Revised Hospital Requirements

**Effective no sooner than January 1, 2011**

**Standard HI.01.02.01**
The hospital defines staff qualifications.

**Elements of Performance**

**A.1.** The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3)

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**Note 1:** Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).

**Note 2:** Qualifications for laboratory personnel are described in Clinical Laboratory Improvement Amendments of 1988 (CLIA ’88), under Subpart L: “Provision for Accreditation Testing” §493.1351-§493.1465. A complete description of the requirement is located at http://www.cdc.gov/klc/ncqa/hc.aspx.
Reducing Health Disparities

- HHS Action Plan to Reduce Racial and Ethnic Health Disparities
- OMH National Stakeholder Strategy to Achieve Health Equity
- CDC MMWR on Health Disparities
Individuals, families and communities that have systematically experienced social and economic disadvantage face greater obstacles to optimal health. Characteristics such as race or ethnicity, religion, SES, gender, age, mental health, disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to exclusion or discrimination are known to influence health status. While this HHS Disparities Action Plan focuses primarily on health disparities associated with race and ethnicity, many of the strategies can also apply across a wide array of population dimensions. For example, expanding healthcare access, data collection, and the use of evidence-based interventions will contribute to health equity for vulnerable populations that are defined by income, geography, disability, sexual orientation or other important characteristics.

HHS Action Plan to Reduce Racial and Ethnic Health Disparities, April 2011
Healthy People 2010’s companion document on Lesbian, Gay, Bisexual, and Transgender Populations (LGBT) health increased recognition of the specific issues facing LGBT populations. The report identified key health concerns including access to quality care, HIV/AIDS, and barriers to conducting research. Although there is a paucity of national data, more than a decade of research indicates LGBT populations experience health and healthcare disparities.

OMH National Stakeholder Strategy to Achieve Health Equity, April 2011
...national and state surveys should begin consistently and routinely measuring sexual identity, orientation, and behavior. Data collection should be expanded to include not only age, sex, education, income, and race/ethnicity, but also disability, geographic location, and sexual identity or sexual orientation. Only then can health disparities be measured thoroughly and accurately nationwide.

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LGBT Health Disparities

- HHS Secretary’s Activities
  - Gender identity added to nondiscrimination policies for HHS staff (already included sexual orientation)
  - HHS LGBT coordinating committee
  - Funding for LGBT anti-bullying, seniors, foster care youth, domestic violence services
  - Equal treatment of LGBT families
  - Health professions training on LGBT health

- Healthy People 2020
“Our goal is for all Americans to live healthier, more prosperous, and more productive lives.”

- Secretary Kathleen Sebelius

U.S. Department of Health and Human Services Recommended Actions to Improve the Health and Well-Being of Lesbian, Gay, Bisexual, and Transgender Communities

HHS Secretary supports the "It Gets Better Project" in Support of LGBT Youth

HHS Secretary supports the "It Gets Better Project" in Support of LGBT Youth
HHS will encourage new and existing health profession training programs, including behavioral health (e.g. mental health, substance abuse, and HIV) programs, to include LGBT cultural competency curricula. The lack of culturally competent providers is a significant barrier to quality health care for many LGBT people, particularly those who identify as transgender. HHS’s Health Resources and Services Administration will also convene professional groups that represent LGBT health providers and students to identify challenges and opportunities for training LGBT providers and to isolate strategies geared toward increasing culturally competent care for LGBT patients. In consultation with LGBT communities, HHS will develop cultural competency goals and promote the use of cultural competency curricula inclusive of LGBT populations in future grants guidance.

HHS Secretary Kathleen Sebelius, April 2011
Lesbian, Gay, Bisexual, and Transgender Health

LGBT Health

People who are lesbian, gay, bisexual, or transgender (LGBT) are members of every community. They are diverse, come from all walks of life, and include people of all races and ethnicities, all ages, all socioeconomic statuses, and from all parts of the country. The perspectives and needs of LGBT people should be routinely considered in public health efforts to improve overall health of every person and eliminate health disparities.

In addition to considering the needs of LGBT people in programs designed to improve the health of entire communities, there is also a need for culturally competent medical care and prevention services that are specific to this population. Social inequality is often associated with poorer health status, and sexual orientation has been associated with multiple health threats. Members of the LGBT community are at increased risk for a number of health threats when
Institute of Medicine Report

The Health of Lesbian, Gay, Bisexual, and Transgender People
Building a Foundation for Better Understanding

Judith Bradford, PhD
Fenway Institute of Fenway Health
Established in 1970 within the National Academy of Sciences

An independent, non-profit organization that aims to provide unbiased advice to decision makers and the public

Invites experts to examine policy matters pertaining to public health and medical care

Has had a substantial impact on major health policy issues in the U.S.
The National Institutes of Health
Charge to the IOM Committee

- Conduct a review of the health status of LGBT populations
- Identify research gaps and opportunities
- Outline a research agenda
- Consider research training needs to foster the advancement of knowledge about LGBT health
Research Agenda

- Minority Stress
- Life Course
- Intersectionality
- Social Ecology

Priority Research Areas:
- Demographic Research
- Social Influences
- Health Care Inequities
- Intervention Research
- Transgender-specific Health Needs

More complete understanding of LGBT health
Life Course Perspective

- Examined health status of LGBT populations in 3 stages: childhood and adolescence, early/middle adulthood, later adulthood

- At each life stage, key areas were studied:
  - Mental health
  - Physical health
  - Risks and protective factors
  - Health services
  - Contextual influences
Conclusions

- LGBT individuals have unique health experiences and needs, but as a nation, we do not know exactly what these experiences and needs are.
- Researchers face a number of challenges in understanding our health needs, including a lack of data.
- Building a more solid data base is essential for development of this field.
Recommendations 2-3: Data Collection

- Data on sexual orientation and gender identity should be collected in federally-funded surveys administered by the Department of Health and Human Services and in other relevant federally-funded surveys.

- Data on sexual orientation and gender identity should be collected in electronic health records.
Changing the Game
What Health Care Reform Means for Gay, Lesbian, Bisexual, and Transgender Americans

Kellian Baker, National Coalition for LGBT Health
Jeff Krechely, Center for American Progress

March 2011

The Affordable Care Act and the LGBT Community
An LGBT-focused Analysis
Affordable Care Act and LGBT Health

- Growing evidence that at least some among the LGBT population are disproportionately uninsured.

- Broadening coverage through new options, increasing access to coverage through a spouse or domestic partner and persons with pre-existing health conditions.

- For LGBT people, inclusion in the proposed benefits offers needed access, especially important for relatively disadvantaged individuals, families and communities within the overall LGBT population.
Key ACA Components Related to LGBT Health

- New funding opportunities for community health centers.
- Specific focus on response of healthcare providers, other professionals, and healthcare facility administrators.
- New funding streams that can advance the state of knowledge and practice in the field of LGBT health.
Key Provisions

- Cultural competency
- Data collection
- Diverse family structures
- Essential health benefit
- Healthcare and public health research
- Healthcare workforce
- LGBT health disparities
- Mental health and substance abuse
- Prevention and wellness
Inclusion of LGBT Measures in Federal Data Systems: Science, Advocacy, Policy

- IOM, Secretary Sebelius, SAMHSA, NCHS
- Continuous advocacy and input from LGBT communities
- National Health Interview Survey (NHIS)
  - Potential for learning about LGBT health
  - NCHS timeline and process
Negotiated Rulemaking Committee on Underserved Designations (HPSA & MUA/P)

Impact on LGBT Health Services & LGBT Health Centers

Elizabeth Wilson, MD MPH
University of California San Francisco School of Medicine
Federal Shortage Designations

- Provides a way for communities and health care facilities to establish a need for additional health care professionals and resources.

- Identifies areas of greatest need so that limited resources can be prioritized and directed to the people in those areas.

- More than 37 federal programs depend on the shortage designation to determine eligibility or funding preference.

- Shortage designations (HPSA, MUA, MUP) are administered by the federal Health Resources and Services Administration’s (HRSA) Shortage Designation Branch.
Health Professional Shortage Areas

- As of July 27, 2011
  - 6,419 Primary Care HPSAs with 66.5 million people
  - 4,661 Dental HPSAs with 52 million people
  - 3,770 Mental Health HPSAs with 94.6 million people

- HPSAs types
  - Geographic, Population and Facilities
HPSA Benefits

- Federal programs using HPSA designation:
  - National Health Service Corps, Scholarships, Loan Repayment
  - Rural Health Clinics Act
  - Medicare Incentive Payments
  - Higher "Customary Charges" for New Physicians Area Health Education Center Program
  - Federal Employees Health Benefits Programs
MUA & MUP

Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.
MUA/P Criteria

- **MUA** – counties or census tracks
- **MUP** - population groups with economic barriers (low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary medical care services.
MUA/P Benefits

- Federal programs using MUA/MUPs:
  - Community Health Centers (CHC) under Section 330
  - Non-330 CHCs eligible for Federally Qualified Health Center (FQHC) status
  - Rural Health Clinics
  - Title VII and VIII training programs
Negotiated Rulemaking Committee

- Created to review criteria for the designation of Medically Underserved Areas and Health Professional Shortage Areas
- Mandated by Section 5602 of Public Law 111-148, the Patient Protection and Affordable Care Act of 2010
Potential Changes
Impact on LGBT Community

- HPSA
- MUA
- MUP
- Facilities
Improving Services for LGBT Patients in Health Centers

Robert Garofalo, MD MPH
Northwestern University School of Medicine
Useful tips to improve services

The office visit

- The first contact. Critically important!!!
  - Office environment
  - Office staff
  - Office forms

- The interview.
  - Verbal
  - Nonverbal
Useful tips to improve services
The office environment

- Posting of a non-discrimination statement
- Advertise in the local LGBT press
- Consider location and access issues
- Consider gender-neutral restrooms
- Include magazines and brochures for LGBT persons in the waiting area & exam rooms
Deserves the same care, no matter who these lips kiss.

Gay, lesbian, bisexual and transgender people deserve the same care as everyone else. Thousands of healthcare providers in Massachusetts agree. They’re working to eliminate barriers to healthcare access, so everyone can be treated well. And stay well.

The Gay, Lesbian, Bisexual and Transgender Health Access Project
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Deserves the same care, no matter who these arms hold.

Gay, lesbian, bisexual and transgender people deserve the same care as everyone else. Thousands of healthcare providers in Massachusetts agree. They're working to eliminate barriers to healthcare access, so everyone can be treated well. And stay well.

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Useful tips to improve services
The office staff

- Serve as a role model for respect
- Staff development & training on LGBT patients and concerns
- Have a zero-tolerance policy for inappropriate behavior
- Partners/significant others should be valued as spouses
Useful tips to improve services

The office forms

- Avoid using only heterosexual terms
  - i.e. terms like married, divorced, husband, wife, etc.

- Whenever gender is at issue, add an option for transgender – including preferred name.

- Allow space for “other” responses to be documented and explained.

- Include information about privacy & confidentiality protections.
  - Visible non-discrimination policy
  - HIPAA
Useful tips to improve services
The patient interview

- Strive to make this like any other interview
- Personal biases do not belong in the medical encounter
- Disclosure of sexual identity is NOT meaningful marker of quality health care delivery?

- Relax!!
Useful tips to improve services

Other Points – “Clinical Pearls”

- Don’t make assumptions
- Ask open-ended questions
- Focus on behaviors, not just orientation
- Use non-judgmental and gender neutral language
- Become versed in the language of the community
- It may be worthwhile to ask permission to document sexual orientation in the medical record
Useful tips to improve services
What can I do as a provider?

- Educate yourself
  - Realize that sexual orientation does affect the healthcare of patients
  - Know that providers often do not address sexual orientation with their patients
  - Recognize psychological stressors can be different on account of sexual orientation
  - Address these differences in your practice and practice setting
- Didactic training vs. other sources of education
  - Kaiser Cultural Competency Manual
  - GLMA Top 10 Tips
  - In person trainings – UCSF, Local CBO’s
Useful tips to improve services
What else can providers do?

- Be accessible
  - Be comfortable discussing sexuality
    - Orientation, gender identity, behavior
  - Make these questions just another part of your history
  - Let patients know your office is a safe place to discuss sexuality

- Know your resources
  - Familiarize yourself with community resources
  - Utilize these appropriately
SUMMARY

- National Perspectives on Cultural Proficiency
- Institute of Medicine Report: Health of LGBT People
- Federal Underserved Designations
- Improving Services for LGBT Patients in Health Centers

Questions?