At the registration desk for a physician's practice at a nearby hospital, I was asked, rather publicly, whether I was married or single. When I replied that I had a partner, a second office worker sitting next to the registration clerk leaned over and loudly exclaimed, “He’s single.” Even as I tried to see the humor in this exchange, I remained disturbed by the ease with which a significant relationship could be dismissed, as well as by the chilling effect it had on my eagerness to be seen as a patient at this practice.

“When I told the front desk I was transgender, they treated me with respect and even changed my name in the system. It was a huge relief. You hear horror stories, but they said “ok, let’s get you better.”

Lesbian, gay, bisexual, and transgender (LGBT) people experience many health disparities and barriers to health care. The US Department of Health and Human Services (HHS) recognized the urgency of improving the well-being of LGBT people by including LGBT health in the Healthy People 2020 goals. HHS also released an action plan to support more research, training, and programs to improve LGBT health. Health centers are a key part of this action plan. In March 2016, the Bureau of Primary Health Care announced that health centers must collect patients’ sexual orientation and gender identity (SOGI) information; document this information in the patient’s electronic health record; and report this information to the UDS. As patient centered medical homes, health centers are in a strong position to bring high-quality, culturally competent, cost-effective care to LGBT people in communities across the nation and begin to address health disparities.

This brochure offers governing board members an introduction to LGBT people, their health needs, and what health centers can do to support them. With this information in hand, it should be possible to discuss with health center leadership some of the small, but important changes that can help care for and support all people, including those who are LGBT.

There are now free trainings and resources available to health centers to help them improve the health care of their LGBT patients. For additional information, visit the National LGBT Health Education Center website at www.lgbthealtheducation.org or call 617.927.6354.
Understanding LGBT People and their Health Needs

- LGBT people are from all different races, ethnicities, ages, social classes, and places. Some people are very open about being LGB or T, while some are only “out” to a few people, or just to themselves. You can never be sure whether someone is LGBT unless they tell you.

- LGBT people are a part of every community and live throughout the United States. According to the US Census, same-sex couples live in all states and almost all counties.

- Like other health center patients, many LGBT adults live in poverty and have no insurance or limited health insurance. Many homeless youth are LGBT.

- LGBT people often do not tell their doctors about their sexual orientation or gender identity because they do not want to get a negative response. Therefore, it is very likely that health centers are serving many more LGBT people than they realize.

- LGBT people experience health care discrimination and have a harder time getting quality health care. For example, doctors have refused to treat LGBT patients. Hospitals have refused visiting rights to same-sex partners.

- LGBT people have specific health care needs and concerns. These include higher rates of depression, suicide, homelessness, substance abuse, smoking, HIV infection, hepatitis B, and other sexually transmitted diseases.

- These health issues are mostly related to stress caused by stigma and discrimination. We hear tragic stories in the news about young people being bullied and physically harmed because they were (or were assumed to be) LGBT. Also, many LGBT people are rejected by their families, employers, landlords, etc. Some LGBT people commit suicide, turn to alcohol, or have other unhealthy behaviors as a way to deal with all of this.

- Like all patients, LGBT people need high-quality, culturally competent health care from providers who know, respect, and understand them. They need providers who know their unique health risks and understand how to provide appropriate referrals and counseling.

- Medical training usually does not cover LGBT health and cultural competency. Providers need training and resources in LGBT health issues and cultural competency so they can give the highest quality care.

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Action Steps for Change: What Can the Governing Board Do?

- The Board can open up a conversation with health center leadership by asking the following questions:
  - Is leadership aware of the new national initiatives on LGBT health?
  - Is the center welcoming to LGBT patients? For example:
    - Do brochures and wall art include pictures of same-sex couples, rainbow flags, etc.?
    - Do forms include different types of relationships and families?
  - Do staff orientation and cultural competency trainings include LGBT?
  - Do medical provider teams receive training on best practices for LGBT health?

- Are all patients asked about sexual orientation and gender identity to show that the health center recognizes the importance of this information to patient care and to show LGBT people that the health center knows they exist and is accepting of all patients?

- Are all patients asked their sexual orientation and gender identity consistent with the requirements of the March 2016 HRSA PAL?

- Who does the center partner with to receive trainings and/or make referrals?

- Do non-discrimination policies for patients and employees include sexual orientation and gender identity?

- Are LGBT partners and families included in employee benefits packages?

- Does the health center recruit LGBT people for staff and governing board positions?