

# Responding to Disparities in LGBTQ+ Health Care



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## Ginny Weir, MPH

### Director, Bree Collaborative, Guest Columnist

Our health care system continues to struggle with disparities in access to care, in how care is delivered, and in our individual health outcomes. Places where there is documented disparity or variation or a lack of equity are indicators for the Bree Collaborative that our community needs to act. [Our public/private group](#) chooses health care services annually to make clinical recommendations with the goal of improved health care quality, outcomes, and affordability. In 2018, we created community consensus recommendations around the delivery of care for those who are Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning. Part of our effort to help lead our health care system to true health equity is through focusing improvement efforts on historically marginalized populations. Targeted efforts allow us to develop solutions to barriers to care that are informed by evidence and the lived experience of those receiving and delivering care.

About 3.5% of us identify as LGBTQ with 0.3% of us being transgender. While we know that all people share baseline health care needs, we have also seen that those who are part of the LGBTQ population can be at a higher risk for specific medical issues. Research shows that LGBTQ persons experience higher rates of depression, sexual abuse, smoking, and other substance use. Lesbian women are less likely to undergo certain screening tests for cancer (e.g., mammography to test for breast cancer, papanicolaou (pap) test for cervical cancer) and both men and women in same sex relationships are less likely to have insurance coverage. Men who have sex with men (MSM) and transgender persons who have sex with men are at elevated risk for human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs).

LGBTQ youth have higher rates of STIs (e.g., gonorrhea, chlamydia) due to increased likelihood of engaging in high-risk sexual behaviors.

The community consensus recommendations that we developed in 2018 are based in a whole-person framework, acknowledging that a person has many ways of identifying that contribute to their health. This intersectionality between and within population groups informs how a person who is Black and has a disability, or a person who is indigenous and queer, might experience day-to-day life, racism, ableism, or homophobia, and have differential access to un-biased, quality health care differently than someone who is Black and queer. These intersecting identities inform a person's experience with health care, their life experiences, their goals, and their health care needs broadly.

Knowing this, we grouped the changes we want to see in three broad areas:

- Communication, language, and inclusive environments including specific changes such as using the person's preferred pronouns, using non-stigmatizing language, onsite-gender neutral bathrooms;
- Screening and taking a social and sexual history including integrated behavioral health, how to ask about past sexual partners and sexual behavior; and
- Areas requiring LGBTQ-specific standards and systems of care such as HIV pre-exposure prophylaxis based on risk assessment, appropriate referrals, targeted cancer screening for underserved populations, and gender confirmation procedures.



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Ours is an all-sectors on deck approach and we include checklists for delivery systems, individual providers, health plans, and others. We have summarized our recommendations in a checklist for delivery systems [here](#), you can also read our longer recommendations [here](#). We are also helping to support the Washington Patient Safety Coalition and the Washington State Medical Association in their October 9<sup>th</sup> webinar on LGBTQ Health Care that “will educate physicians and physician assistants on strategies to align care delivery with existing evidence-based, culturally sensitive standards of care for LGBTQ people in Washington state to decrease health disparities” scheduled from 12:00 – 1:00. Register [here](#).

Building out LGBTQ standards also helped inform one of our current workgroups focused on improving quality, equity, and cultural appropriateness of reproductive and sexual health care services especially for those who are Black, indigenous, people of color, immigrants or refugees, have experienced violence including human trafficking, people with disabilities, and LGBTQ. Here our goal is to move our health care system to orient around increased access, appropriate care, patient-centeredness, and cultural humility. These four areas become the framework from which we built our checklists for delivery systems, plans, and others. You can learn more about this work [here](#) and look for our announcement about public comments later this fall. Another new opportunity to get involved is with a new workgroup focused on the

role for clinical care in the social determinants of health. This group will start meeting September 17<sup>th</sup> and monthly thereafter. More information on all our meetings is [here](#).

### References:

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## WMC Webinar Series

In order to provide continuing education for our licensees, the WMC is developing a webinar series to replace our in-person annual conference. Visit our [conference page](#) for registration details and follow us on [Facebook](#) to be notified as additional webinars are added.



### LGBTQ+ Healthcare Needs

Wednesday, October 21 at 12:00 pm

Dr. Diana Currie and Dr. Chelsea Unruh will discuss the gaps in healthcare amongst LGBTQ+ patients. This free webinar will educate providers on strategies to align care delivery with existing evidence-based, culturally sensitive standards of care for LGBTQ+ people to decrease health disparities. This activity has been approved for *AMA PRA Category 1 Credit™*.



### UW Studies COVID-19 Presence to Inform Smart Policy Decisions

Wednesday, November 4 at 12:00 pm

Dr. Keith Jerome will be discussing research at UW to determine the percentage of Washingtonians who have been infected by COVID-19. UW Medicine's Virology Laboratory will conduct the study in close partnership with state and local public health agencies, sampling across rural and urban populations throughout the state and within racially, ethnically and socioeconomically diverse communities. Dr. Jerome will provide a one hour webinar on the study methods and preliminary findings.



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