SP

National Association of
Community Health Centers, Inc®

SPECIAL POPULATION SERIES

Reaching Out to "Other" Special Populations: Providing Services to Lesbian, Gay, Bisexual and Transgender Patients

This is the second of a series of Information Bulletins designed to provide guidance on furnishing services to "other" special populations. Aside from certain health centers that receive dedicated funding to serve a special population,[1] every health center is expected to provide or arrange access to services for any population it serves that has particular health care needs.[2] The first Information Bulletin on providing services to special populations was on children with special health care needs.[3]

This Information Bulletin provides guidance on furnishing services to meet the needs of Lesbian, Gay, Bisexual and Transgender (LGBT) patients. The U.S. Department of Health and Human Services (DHHS) has identified lesbian and gay Americans as one of six U.S. population groups affected by health disparities.[4] Because LGBT patients may not always feel comfortable

1 These "special populations" are medically underserved populations, including homeless people, migrant and seasonal farmworkers and their families, and residents of public housing. Section 330 of the Public Health Service Act ("PHSA") describes the requirements for serving these populations and previous Information Bulletins have focused on service delivery issues related to them.

2 BPHC Policy Information Notice: # 98-23, "Health Center Program Expectations," Aug 17, 1998 (PIN # 98-23).

3 NACHC Information Bulletin entitled *Reaching Out to "Other" Special Populations: Providing Services to Children and Youth with Special Health Care Needs – Special Population Series # 10*, which can be found on the NACHC website at www.nachc.com.

4 U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health and Objectives for Improving Health* 16 (2000).

For more information contact

Jacqueline C. Leifer, Esq. or
Adam J. Falk, Esq.
Feldesman Tucker Leifer Fidell LLP
2001 L Street NW
Washington DC 20036
Telephone: (202) 466-8960
Fax: (202) 293-8103
Email: AFalk@ftlf.com

or

Betsy Vieth
National Association of Community Health Centers, Inc.
7200 Wisconsin Avenue, Suite 210
Bethesda, Maryland 20814
Telephone: (301) 347-0400
Fax: (301) 347-0459
Email: BVieth@nachc.com

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is published with the understanding that the publisher is not engaged in rendering legal, financial or other professional service. If legal advice or other expert assistance is required, the services of a competent professional should be sought.

The Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) supported this publication under Cooperative Agreement Number U30CS00209. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA/BPHC.

self-identifying as LGBT, health centers should assume that they are already serving LGBT patients.

To assist health centers in meeting the needs of this population, this Information Bulletin:

- Distinguishes between sexual and gender identity and sexual behavior;
- Identifies risk factors for LGBT health;
- Describes service delivery issues that arise in furnishing care to LGBT patients; and
- Offers strategies to improve services to LGBT patients.

For those health centers interested in learning more about providing services to LGBT patients, references for additional and training materials are provided at the end of this Bulletin.

DISTINGUISHING BETWEEN SEXUAL AND GENDER IDENTITY AND SEXUAL BEHAVIOR

For any number of reasons, some patients may not identify as LGBT. First, the LGBT identity remains stigmatized in most, if not all, cultures. Second, an individual may still be in the process of "coming out", *i.e.,* realizing, accepting and integrating their sexual behavior into their personal identity. Third, an individual may not accept traditional LGBT labels. Consequently, these patients — most often ostracized from their families and not to have benefited from public health campaigns targeting the LGBT community — are more likely to engage in risky sexual behavior.

Although this Information Bulletin focuses on LGBT patients, it is important to emphasize that sexual behavior — as opposed to sexual or gender identity — is what places patients' health at risk. Not surprisingly, individuals who self-identify as LGBT make it easier for health centers to identify patients who may need additional screenings of their sexual behavior to determine whether their health is indeed at risk. However, health centers that provide additional screenings only to patients who self-identify as LGBT will overlook patients who do not identify as LGBT, but whose sexual behavior places their health at risk.

It is therefore critical for health centers to appreciate the distinction between sexual and gender identity (*e.g.,* LGBT) and sexual behavior. To avoid overlooking patients who do not self-identify as LGBT, health center staff should obtain a comprehensive and nonjudgmental sexual and social history of every patient. This information will allow health centers to determine specific health risks and provide appropriate medical care for all patients.

… it is important to emphasize that sexual behavior – as opposed to gender identity – is what places patients' health at risk.

TERMINOLOGY

Sexual Identity is the way in which a person refers to his or her sexual orientation (*i.e.*, emotional and sexual attraction to persons of the same gender, another gender, or both genders). The terms gay, lesbian, bisexual, homosexual, straight and heterosexual are examples of sexual identities. Because these terms have sociopolitical implications, some people use other terms (*e.g.*, queer) or decline to use any term at all.

- **Heterosexual** or **Straight** refers to a person who has primary emotional and sexual attraction to persons of another gender.
- **Lesbian** refers to a woman who has primary emotional and sexual attraction to other women.
- **Gay** refers to a person who has primary emotional and sexual attraction to persons of the same gender. The term "gay" is frequently used in reference to men exclusively, *e.g.*, gay men.
- **Bisexual** refers to a person who has emotional and sexual attraction to both men and women.

Sexual Behavior refers to a person's choice of sexual partner (regardless of sexual identity). The terms "MSM" (men who have sex with men) and "WSW" (women who have sex with women) are used to describe same-sex sexual behavior. Sexual behavior can be independent from a person's sexual identity. For instance, a man who has sex with men (*i.e.*, MSM) may not, for a variety of reasons, identify himself as gay.

Gender Identity is the way in which a person describes his or her gender. The terms man, woman, transgender man, and transgender woman are examples of gender identities. Some people use other terms or decline to use any term at all. Note that gender identity is different from a person's sex, which is a biological designation (*e.g.*, male, female) based on genes (*e.g.*, XX, XY) and anatomy (*e.g.*, testes, ovaries).

- **Man/Woman** refers to a person whose gender is the same as the sex that was assigned at birth based on anatomy.
- **Transgender man** refers to a person who was born anatomically female but whose gender identity is that of a man.
- **Transgender woman** refers to a person who was born anatomically male but whose gender identity is that of a woman.

RISK FACTORS FOR LGBT HEALTH

Although basic health care needs are the same for all populations, LGBT patients have additional health care needs. "Healthy People 2010", a ten-year plan developed by DHHS, identified lesbian and gay Americans as one of six U.S. population groups affected by health disparities. It observed that:

- HIV/AIDS and other sexually transmitted infections (STIs), substance abuse, depression, and suicide are major health issues for gay men.
- Gay male adolescents are two to three times more likely than their heterosexual peers to attempt suicide.
- Some evidence suggests lesbians have higher rates of smoking, overweight, alcohol abuse, and stress than heterosexual women.
- Issues surrounding personal, family, and social acceptance of sexual orientation can place a significant burden on an individual's mental health and personal safety.[5]

In light of these disparities, an appreciation of LGBT risk factors can assist health centers in meeting the needs of their LGBT patients. Because a full discussion of risk factors would be beyond the scope of

5 U.S. Department of Health and Human Services, *supra* note 4.

this Information Bulletin, this document focuses on risk factors related to:

- Stigma, harassment, and discrimination;
- Sexual practices and behavior;
- Substance abuse; and
- Body image.

Stigma, Harassment, and Discrimination

Stigma, harassment, and discrimination affect both the physical and mental health of LGBT patients. First, it can result in physical assault and violence to individuals who identify or are perceived to be LGBT (*i.e.,* hate violence). It can also impede LGBT victims of domestic violence — which can be both men and women — from accessing protections and services available to heterosexual victims. Between 50,000 to 100,000 women who are battered by a same-sex partner each year in the U.S.[6] Nevertheless, access issues arise for several reasons, including:

- Law enforcement may perceive that domestic violence cannot happen in same-sex relationships;
- Battered women's shelters may deny appropriate services and support services to women who have been battered by a same-sex partner; and
- A number of states exclude LGBT individuals from legal protections for victims of same-sex violence.[7]

In regard to mental health, stigma, harassment, and discrimination — or the fear of them — are major causes over the long term of chronic stress, depression, anxiety, and other mental health disorders, particularly in rural areas.[8] Because of issues of social rejection, LGBT people are at higher risk for mental health issues, such as low self esteem, suicide and depression. In fact:

- Suicide is the third leading cause of death among adolescents, and LGBT youth are particularly at risk.[9]
- Stigma and discrimination have been shown to contribute to homelessness, particularly among gay adolescents and transgender patients whose families do not accept their sexual orientation.[10]
- Forty-two percent of homeless youth identify as lesbian, gay, or bisexual.[11]

More broadly, stigma, harassment, and discrimination can also impair an individual's access to health care services, resulting in the failure to detect and treat health problems. Studies indicate that LGBT patients, fearful of discrimination or lack of sensitivity by health care providers — regardless of health care providers' actual views — will delay seeking medical care. This delay may result in poorer health outcomes.[12] Transgender individuals may look for alternatives to receiving care in a provider's office, such as buying hormones on the street, which can be unsafe and lead to other health problems.

In the workplace, LGBT patients who are dependent on unmarried partners may not have access to health insurance that is provided to heterosexual counterparts. As a result, the patient may delay medical care, causing a health problem to worsen. Studies estimate that lesbians have higher rates of uninsurance than heterosexual patients.[13] Many insurance policies do not cover transgender-specific care, such as hormones and sex reassignment surgery.

6 Gay and Lesbian Medical Association, *Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients,* available at <http://www.glma.org>; Gay and Lesbian Medical Association, *Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health* 219 (2001).

7 *Id.*

8 Gay and Lesbian Medical Association, supra note 6.

9 Kaiser Permanente, *A Provider's Handbook on Culturally Competent Care: Lesbian, Gay, Bisexual and Transgendered Population* 42 (2000); Paul JP, Catania J, Pollack L, et al., "Suicide Attempts Among Gay and Bisexual Men: Lifetime Prevalence and Antecedents," 92 *American Journal of Public Health* 1338 (2002).

10 Gay and Lesbian Medical Association, *supra* note 6.

11 Substance Abuse and Mental Health Services Administration, *Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and Co-Occurring Substance Use Disorders,* (DHHS Pub. No. SMA-04-3870) 16 (2003).

12 *Id.*

13 *Id.*

Sexual Practices and Behavior

Although sexual practices and behavior present significant risks for LGBT health, it is important that assumptions not be made about a particular patient's sexual practices and behavior. For instance, not all LGBT patients are sexually active, and among those that are, not all engage in high risk sexual practices and behaviors. Consequently, health care providers should conduct comprehensive, non-judgmental sexual histories of all patients (with an emphasis on behavior as opposed to identity) to determine whether patients are engaging in risky sexual practices and behaviors, and to advise about risk reduction strategies, as appropriate.

Risky sexual practices and behaviors correlate with higher rates of HIV and other sexually transmitted infections including hepatitis, gonorrhea, syphilis, herpes, chlamydia, lymphogranuloma venereum (LGV) and human papilloma virus (HPV), the last of which plays a role in anal and cervical cancers. Consequently, health care providers should consult clinical resources to become familiar with the sexual practices that place patients at highest risk for transmitting HIV and other sexually transmitted infections.[14]

MSM

Men who have sex with men continue to account for the largest percentage of new cases of HIV.[15] Adolescents and young men, especially men of color who have sex with men, are at highest risk for sexually transmitted infections, representing the fastest growing age category of HIV infection, chlamydia, and gonorrhea.[16] Studies indicate that some young men feel invulnerable to HIV and view it as a disease of older gay men, or as a chronic disease that can be easily managed through medications.[17]

WSW

Women who have sex with women can transmit the human papilloma virus (HPV), which is correlated with an increased risk for cervical cancer. In addition, because the majority of self-identified WSW have had sex with men and might continue to do so in the future, the Centers for Disease Control and Prevention (CDC) recommends all women undergo Pap test screening using current national guidelines regardless of reported sexual practices, i.e., within the first three years of sexual activity or beginning at age 21, whichever comes first.

Transgender

Transgender women (*i.e.,* male to female) are at high risk for HIV and sexually transmitted infections, with transgender women in the sex trade at highest risk because they might be financially induced to engage in unprotected sex.[18] In contrast, HIV prevalence in transgender men (i.e., female to male) is substantially lower.[19]

Substance Abuse

Bars and dance clubs are one of the few places that many LGBT individuals can openly meet and socialize with each other. This is especially true in less densely populated areas of the country where LGBT individuals are more likely to feel stigmatized, harassed, or discriminated based on their sexual or gender identity, which as described above, contributes to the high prevalence of anxiety and depression. Because addictive substances are a normal part of bar and dance club environments, studies tend to report high rates of alcoholism, nicotine dependence, and drug addiction among LGBT patients.[20]

As with other patients, alcoholism, smoking, and drug abuse are risk factors for cardiovascular disease and cancer. Because substance abuse correlates with risky sexual

14 Kaiser Permanente, *supra* note 9, at 18.

15 Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, 2005,* Table 18, at 37 (2006).

16 Kaiser Permanente, supra note 9, at 42.

17 *Id.*

18 National Coalition for LGBT Health, Eliminating Disparities Working Group, *An Overview of U.S. Trans Health Priorities* (Aug. 2004), *available at* <http://www.lgbthealth.net/>.

19 *Id.*

20 Kaiser Permanente, *supra* note 9, at 19.

behavior, substance abuse also increases the risk for HIV and other sexually transmitted infections among LGBT patients.

Alcoholism

Studies are mixed as to whether alcohol use is higher among LGBT patients than the general population.[21] Even if the alcoholism rates are about the same as the general population, the ramifications of alcoholism in the LGBT community may be higher due to a correlation with risky sexual behaviors, such as unprotected sex.[22] Alcoholism has also been found to disrupt adherence to HIV medication regimens.[23]

Smoking

In general, surveys indicate that nicotine use is higher among LGBT patients than the general population. Among LGBT patients, gay youth and lesbians have the highest smoking rates.[24] One study reported that 30 percent of lesbians smoked daily.[25] In particular, smoking is a major risk factor for cardiovascular disease and certain cancers such as esophageal tumors, liver, lung, mouth, stomach, pancreas, kidney, and bladder.

Drugs

Currently, there is an epidemic of methamphetamine ("crystal meth") and cocaine use among gay men. The combination of these drugs with certain prescribed medications (*e.g.,* Norvir) can have life threatening consequences. Like alcoholism, drug use and addiction in LGBT patients correlates with risky sexual behavior.[26] Additionally, injection drug use places individuals at higher risk for transmitting or contracting a number of blood-borne infectious diseases, including HIV, hepatitis B, and hepatitis C.[27]

While drug use occurs in many settings, there is a particular prevalence for drug use among some gay men who attend large national and international dance events known as "circuit parties". Cocaine, ecstasy, GHB (gammahydroxybutyrate) and methamphetamine are widely used at these parties and have been associated with a number of drug and alcohol related deaths as well as a propensity for high risk sexual behavior.[28]

Body Image

Issues related to body image and weight affect gay men and lesbians differently. Many lesbians reject traditional cultural norms regarding beauty and thinness. Although this may result in better body image than heterosexual women, lesbians are more likely to be overweight and less physically active, placing them at risk for cardiovascular disease and diabetes.[29] African American lesbians experience the greatest risk for cardiovascular disease and diabetes.[30]

On the other end of the spectrum, many gay men internalize cultural norms regarding appearance and masculinity, resulting in body image problems. As a result, they are more likely than heterosexual men to experience eating disorders and use substances to attain a desired weight or body appearance.[31]

Transgender patients have unique issues related to body image. Gender-affirming needs such as hormone treatment may take precedence over other health care needs, even HIV care. The fear of not "passing"— that is, not being perceived as one's gender identity — can lead transgender patients to engage in risky behaviors, such as:

- Buying hormones on the street (some of which can be counterfeit)[32]; or
- Attending underground silicone parties (which can lead to complications of needle-sharing and unsanitary needle use or result in the injection of substances other than silicone).[33]

21 *Id.*

22 *Id.*

23 *Id.*

24 *Id.*

25 *Id.* at 22.

26 *Id.* at 20.

27 Gay and Lesbian Medical Association, *supra* note 6, at 347.

28 *Id.* at 21.

29 Gay and Lesbian Medical Association, *supra* note 6.

30 Id; Kaiser Permanente, *supra* note 9, at 22.

31 Gay and Lesbian Medical Association, *supra* note 6.

32 National Coalition for LGBT Health, *supra* note 17, at 3.

33 Health Resources and Services Administration, HIV/AIDS Bureau, *HIV/AIDS in the Transgender Population: A Community Consultation Meeting* 11 (2005).

SERVICE DELIVERY ISSUES

Identifying and Communicating with LGBT Patients

Health centers, many times without knowing it, provide services to MSM and WSW. Approximately 5.5 to 10.7 percent of adult men and women are estimated to engage in same-sex sexual behavior.[34] However, surveys have found that 45% of lesbian and bisexual women and 44% of gay men had not disclosed their sexual orientation to their primary care provider.[35] The invisibility of people who are LGBT compromises clinicians' efforts to screen for risk factors and provide appropriate preventive services.

To encourage individuals to self-identify as LGBT, health centers should strive to create a welcoming environment. This can be accomplished through the use of inclusive language to communicate with patients. Intake forms, for example, are often a patient's first clue to the provider's sensitivity to LGBT health issues. However, many administrative forms ask whether a patient is single or married. For unmarried LGBT patients in a long-term relationship, neither answer may be true. In some States, that question may obscure a partner's legal rights (such as to hospital visitation) if the patient is in a civil union or domestic partnership.

Moreover, inclusive language on intake forms will increase the likelihood for LGBT patients to self-identify during the taking of medical histories, which provide critical information for assessing LGBT risk factors for health. Similarly, medical histories, whether taken by form or in person, should be obtained for all patients without regard to a patient's gender and sexual identity, using non-judgmental, open-ended questions and demonstrating awareness of LGBT risk factors for health.

Communicating with transgender patients requires special sensitivity by health center clinicians and staff in order to create a welcoming clinical environment. Addressing transgender patients by their chosen name and pronoun as well as distinguishing between the patient's gender identity and legal gender may take extra time and effort, particularly when it comes to registering the patient, billing an insurance company, or writing a prescription.

In contrast, expressing any level of discomfort with the patient's gender identity can result in transgender patients avoiding further medical care. Some transgender people have complained that they are subjected to unnecessary probing and "voyeuristic" questioning at the hands of medical providers. Clinicians should take care to ensure that all questions about appearance and gender identity are contextualized for the patient as part of necessary clinical information gathering.

To encourage individuals to self-identify as LGBT, health centers should strive to create a welcoming environment.

34 **Kaiser Permanente, *supra* note 9, at 2.**

35 **Gay and Lesbian Medical Association, *supra* note 6.**

GUIDANCE FOR COMMUNICATIONS WITH LGBT PATIENTS

Intake and Medical History Forms

- Replace "marital status" with "relationship status" to allow answers other than single or married.
- Replace "husband" and "wife" with gender neutral terms such as "partner" or "spouse".
- Replace "father" and "mother" with gender neutral term of "parent".
- Replace "male" and "female" with a fill-in-the-blank to identify gender.

Patient Discussions

- Use questions that focus on sexual behavior rather than sexual orientation such as: "Do you have sex?" "When was the last time you had sex?" "Do you have sex with men, women, or both?"[36]
- Use non-gender specific pronouns that do not presume the gender, or gender identity, of the patient or the patient's sexual partners.
- Use the same language as the patient uses to describe gender, relationships, behavior, anatomy, and identity.
- Do not make assumptions about past or future sexual behavior based on current sexual behavior. Assess the patient's history of sexually transmitted infections.

Providing Appropriate Care to LGBT Patients

Preventive screenings, education and referrals can lead to improved health outcomes. The CDC recommends the following:

- MSM should receive vaccinations for hepatitis A and B, be tested for HIV, syphilis, gonorrhea, and chlamydia, and should be screened for depression.
- WSW should be screened for breast cancer, depression, and substance use as well as any other conditions for which women should be screened.

Health centers should strive to provide care to LGBT patients consistent with recommended care guidelines. For example, a health center should provide hepatitis vaccinations, or a referral for vaccinations, to patients at risk. In addition, health center staff should be prepared to educate patients on how to reduce risk from sexual behavior and practices, including safer sex techniques. If a health center displays brochures about health issues, then it should include information on LGBT health issues.

Moreover, health centers should identify experts in LGBT health issues and maintain referral lists so they can refer patients to those providers when they believe a patient requires counseling and/or care from a provider with expertise, *e.g.,* psychologists, dieticians and

36 The question "Are you sexually active?" should be avoided because the terms active/passive have certain connotations for MSM.

social workers who are experienced with HIV/AIDS patients. Specialized medical care may also be required for hormone therapy because of its potential side-effects (such as diabetes and hypercholesterolemia) or because of its potential interactions with HIV medications.

Confidentiality/ Privacy

Because of concerns of potential discrimination by an employer, health insurer or governmental entity, some LGBT patients are reluctant to disclose information about their sexual orientation, gender identity, and sexual practices and behaviors. Because such information is necessary to provide appropriate care, each health center should ensure that its confidentiality policies are made known to all patients and that any special exceptions related to risk factors for LGBT health are explained.

What information should be covered by the confidentiality/privacy policy?

The confidentiality policy should address matters related to a patient's sexual orientation and gender identity. For transgender patients, the policy should assure that the health center will maintain the confidentiality of the patient's legal name and/or gender, which transgender patients may wish to remain confidential.

Who has access to the medical record?

Minors should be advised that a provider may, depending on applicable state law, allow the minor's parent or caregiver access to the medical record. Health centers should advise LGBT patients to consider designating a person who has medical power of attorney so that a person trusted by the patient has access to the patient's medical record in situations when they are incapable of making decisions on their own.

Do HIV and STI test results remain confidential?

Prior to testing, health centers should advise patients which test results the health center is obligated by law to report to state health agencies, and whether the reporting includes identifying information, such as the patient's name or Social Security number. If the state requires a health agency to notify a patient's sexual partners, then that should also be disclosed to the patient. In addition, the patient should be advised under what circumstances the health center is required to conduct mandatory HIV testing.

What information will be shared with patient's insurance company?

The patient should be advised that the health center may disclose selected information from the patient's medical record to obtain payment or be reimbursed for the provision of health care to the patient without the patient's authorization, consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).[37] The patient should be advised that additional protections apply to mental health and substance abuse information and state law may provide for further protections.

When may the health center disclose confidential information?

The patient should be advised that the health center may release confidential information to public health agencies such as the CDC or FDA, government authorities in instances of abuse, neglect, or domestic violence, health oversight agencies (*e.g.,* prevention of fraud and abuse in government programs) as well as in response to judicial and administrative subpoenas, for law enforcement activities, or for limited research purposes, subject to the health center's own privacy policy.[38]

---

37 45 C.F.R. § 164.506.

38 45 C.F.R. § 164.512.

STRATEGIES TO IMPROVE SERVICE DELIVERY

This next section offers strategies for health centers to improve the care provided to LGBT patients. These strategies include conducting staff education, improving LGBT visibility, and applying non-discrimination policies to LGBT patients and staff.

Conducting Staff Education

Periodic trainings of all health center staff can improve the quality of services provided to LGBT patients. The trainings should specifically cover LGBT issues in regard to diversity, harassment, and discrimination.

- **Front-office staff** should receive sensitivity training on how to address patients and their loved ones, and in regard to transgender people, office staff should be instructed to use the transgender person's chosen name and pronoun.
- **Clinical staff** should receive additional trainings on LGBT health risk factors and the provision of care to LGBT patients, including training on how to identify, communicate, and provide care to LGBT patients.

  The Gay and Lesbian Medical Association (www.glma.org) can provide resources and background information related to the care of LGBT patients. In addition, the Coalition for LGBT Health (www.lgbthealth.net) provides additional resources related to academic journals, service organizations and on-line resources.

Improving LGBT Visibility

Visibility of LGBT employees helps patients feel that the health center has a welcoming clinical environment. They can also serve as a resource to other employees who have particular questions on how to relate to LGBT patients.

Where possible, Board members representative of the LGBT community can help inform and educate other Board members and the health center's Chief Executive Officer on issues related to the provision of services to LGBT patients.

Health center outreach activities, such as informational and promotional materials, should include pictures of LGBT people and families, *e.g.,* same-sex couples and transgender people. When possible, these materials should also include a non-discrimination statement that covers LGBT patients.

Applying Non-Discrimination Policies

Health centers should disseminate and visibly post non-discrimination policies stating that care will be provided to all patients regardless of sexual orientation or gender identity. These policies should be at least as broad as applicable state and Federal non-discrimination laws. Some states, for example, have public accommodations laws that require businesses, including health care providers, to provide care without regard to sexual orientation or gender identity or appearance.

Health centers need to ensure that their own clinical policies do not discriminate or stigmatize LGBT patients. For example, if the health center has a "chaperone" policy to allow patients to request that a female clinical staff person be present during OB/GYN examinations, then the policy may need to be adjusted so that it allows a patient to request a chaperone of whatever gender the patient prefers. Because transgender patients sometimes are harassed for using gender-specific bathrooms, health centers may also want to designate at least one bathroom as gender-neutral.

CONCLUSION

Health centers have an obligation to provide or arrange care that recognizes the specific health care needs of LGBT patients arising from risk factors such as those related to stigma, harassment, and discrimination; sexual practices and behavior; substance abuse; and body image. To that end, this Information Bulletin offers information on those risk factors, describes specific service delivery issues, and suggests strategies to improve care provided to LGBT patients. The information contained in this bulletin should be shared with appropriate health center management and clinicians and used to improve the delivery of health care services.

At the same time, health centers must recognize that patients who do not identify as LGBT, but who are engaging in risky sexual behavior, will have similar health needs as LGBT patients arising from the same risk factors. To provide or arrange more appropriate care to these patients, health centers should conduct comprehensive, nonjudgmental medical histories of every patient that allow providers to obtain information on sexual behavior and assess health risks. This will allow the health center to improve the delivery of health care services for all populations.

To provide or arrange more appropriate care to these patients, health centers should conduct comprehensive, nonjudgmental medical histories of every patient that allow providers to obtain information on sexual behavior and assess health risks.

ADDITIONAL RESOURCES

GLBT Health Access Project, "Community Standards of Practice for Provision of Quality Health Care for GLBT Clients" (www.glbthealth.org/documents/SOP.pdf).

Coalition for LGBT Health (www.lgbthealth.net).

Gay and Lesbian Medical Association, "Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients" and "Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health," 2001. (www.glma.org).

Kaiser Permanente, "A Provider's Handbook on Culturally Competent Care", 2000. (National Diversity Department, One Kaiser Plaza, 22 Lakeside, Oakland, CA 94612; telephone: (510) 271-6663).

National Association of Community Health Centers, Inc.®
7200 Wisconsin Avenue, Suite 210
Bethesda, MD 20814
Telephone: 301-347-0400
Fax: 301/347-0459
Website: www.nachc.com