Lunch and Learns

The HIV/STD/TB/Hepatitis Program and the Dakotas AIDS Education and Training Center (DAETC) conduct monthly Lunch and Learn Webinars for health care professionals in North and South Dakota.

Each month a new topic will be held from 12:00 p.m. to 1:00 p.m. CST on the fourth Wednesday of the month.
Continuing Education Credits

Please complete the post-test to receive CEUs for this presentation. You must score at least 70% to receive credit.

You may take the post-test up to two weeks after the presentation. Post-test, along with the slides and the recording of this presentation can be found at:

https://www.ndhealth.gov/hiv/Provider/

For questions or comments contact:
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Understanding Sexual Orientation and Gender Identity to Improve Patient Health

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Program Manager
Oregon AIDS Education and Training Center

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No conflicts of interest or relationships to disclose
Objectives

By the end of this presentation you will be able to:

- Describe LGBTQ+ health disparities and impacts on health outcomes

- Differentiate sexual orientation and gender identity to improve provider-patient communication

- Create inclusive environments to support health access
I feel comfortable having affirming conversations with members of the LGBTQ+ community...

- All of the time
- Most of the time
- Sometimes
- Not at all
Why is it important to ask about gender identity and sexual orientation?
A life-long process of examining values and beliefs, of developing and applying an inclusive approach to health care practice in a manner that recognizes the context and complexity of provider-patient interactions and preserves the dignity of individuals, families and communities.
LGBTQ+ Health Disparities
Lesbian, Gay and Bisexual Health Disparities
Oregon

• Compared with heterosexual women, lesbian and bisexual women are more likely to:
  - Smoke cigarettes
  - Be obese
  - Binge drink
  - Have chronic conditions
  - Less likely to engage in healthcare

• Compared with heterosexual men, gay and bisexual men are more likely to:
  - Have physical disability
  - Smoke cigarettes
  - Binge drink

Lesbian, Gay and Bisexual older adults have a higher risk of:
- Disability
- Poor mental health
- Smoking
- Excessive drinking

Lesbian and bisexual women had a higher risk of cardiovascular disease and obesity.

Gay and bisexual men had higher risk of poor physical health and living alone.

Bisexual men reported a higher rate of diabetes and a lower rate of being tested for HIV than did gay men.
• Nearly 8 out of 10 LGBT middle and high school students reported physical or verbal harassment in the Gay, Lesbian, and Straight Education Network's 2011 National School Climate Survey.

• Gay and lesbian teens are two to three times more likely than other youths to commit suicide.

• LGBT youth are 5 times more likely to miss school because they feel unsafe after being bullied because of sexual orientation.

https://www.theatlantic.com/health/archive/2013/02/the-power-of-choosing-resilience/273245/
LGBTQ+ Discrimination in Healthcare

Experienced Discrimination in Healthcare:
- 70% of transgender or gender non-conforming patients
- 56% of lesbian, gay, or bisexual patients
- 63% of people living with HIV

Types of Discrimination: being refused needed care, health professionals refusing to touch patients/use excessive precautions, health professionals using harsh or abusive language, health professionals being physically rough, and being blamed for their health status

In addition to the overall rates of substandard care, respondents of color and low-income respondents in nearly every category experienced higher rates of discrimination and substandard care.

LGBTQ+ Discrimination in Healthcare

Table 2: Health care professionals refused to touch me or used excessive precautions

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGB</td>
<td>10.6%</td>
</tr>
<tr>
<td>Transgender</td>
<td>15.4%</td>
</tr>
<tr>
<td>Living with HIV</td>
<td>35.6%</td>
</tr>
</tbody>
</table>

Table 3: Health care professionals used harsh or abusive language

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGB</td>
<td>10.7%</td>
</tr>
<tr>
<td>Transgender</td>
<td>20.9%</td>
</tr>
<tr>
<td>Living with HIV</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Table 4: Health care professionals blamed me for my health status

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGB</td>
<td>12.2%</td>
</tr>
<tr>
<td>Transgender</td>
<td>20.3%</td>
</tr>
<tr>
<td>Living with HIV</td>
<td>25.7%</td>
</tr>
</tbody>
</table>

Table 5: Health care professionals were physically rough or abusive

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGB</td>
<td>4.1%</td>
</tr>
<tr>
<td>Transgender</td>
<td>7.8%</td>
</tr>
<tr>
<td>Living with HIV</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

LGBTQ+ Discrimination in Healthcare

Table 6: Fears and concerns about accessing health care

<table>
<thead>
<tr>
<th>Fear</th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will be refused medical service because I am...</td>
<td>51.9</td>
<td>20.0</td>
<td>9.1</td>
</tr>
<tr>
<td>Medical personnel will treat me differently because I am...</td>
<td>73.0</td>
<td>28.5</td>
<td>20.0</td>
</tr>
<tr>
<td>Not enough health professionals adequately trained to care for people who are...</td>
<td>49.0</td>
<td>35.5</td>
<td>24.3</td>
</tr>
<tr>
<td>Not enough support groups for people who are...</td>
<td>48.0</td>
<td>50.5</td>
<td>31.0</td>
</tr>
<tr>
<td>Not enough substance abuse treatment for people who are...</td>
<td>50.5</td>
<td>58.8</td>
<td>28.8</td>
</tr>
<tr>
<td>Community fear/dislike of people who are... is a problem</td>
<td>89.4</td>
<td>85.7</td>
<td>52.4</td>
</tr>
</tbody>
</table>

Intersectional Identity

• A person's gender identity and sexual orientation are only a piece of how a person identifies/or is identified in society.

• Intersectionality is a theory that an individual may face multiple threats of discrimination when they have overlapping identities: race, ethnicity, sexual orientation, gender and health status.

• Intersectionality acknowledges systematic barriers and historical trauma negatively impact health.

• People with intersectional identities are
  - less likely to have a primary care provider
  - more likely to utilize urgent care/emergency settings
  - have a higher risk of acquiring HIV
Resiliency

• LGBT students who reported being out to peers or school staff reported
  • Higher levels of school victimization
  • Higher self esteem
  • Lower levels of depression
  • Higher levels of school belonging

• Community promotes a sense of affiliation, decreasing isolation and promoting pride

Sexual Orientation/Gender Identity (SOGI)?
Ending LGBTQ Invisibility in Health Care

- Has a clinician ever asked you about your history of sexual health, your sexual orientation or your gender identity?
- How often do you talk with your patients about their sexual history, sexual orientation, or gender identity?
Collecting Sexual Orientation/Gender Identity (SOGI) Elements

• Healthy People 2020

• 2011: Institute of Medicine (IOM) release *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. This historic report will guide the National Institutes of Health (NIH) as they design and fund research projects aimed at documenting and addressing LGBT health disparities.

• 2011: Joint Commission release *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community*

• 2016: Health Center Program grantees and look-alikes are be asked in Uniform Data System (UDS) to report on SOGI data elements
UDS Report of Gender

- Table 3B: Demographic Characteristics
- Health centers are to report sexual orientation and gender identity information about the population served

<table>
<thead>
<tr>
<th>Line</th>
<th>Patients by Sexual Orientation</th>
<th>Number (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>Lesbian or Gay</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Straight (not lesbian or gay)</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Bisexual</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Something else</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Choose not to disclose</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Total Patients (sum lines 13 to 18)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th>Patients by Gender Identity</th>
<th>Number (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Transgender Male/Female-to-Male</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Transgender Female/Male-to-Female</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Choose not to disclose</td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Total Patients (sum lines 20 to 25)</td>
<td></td>
</tr>
</tbody>
</table>
SOGI Data Importance

- If you are not counted, you are discounted
- Data collection allows us to tell the LGBT story
- Creates safe spaces and affirms the LGBT Community
- Identifies disparities
- Secures funding
- Informs public policies and laws
- Evaluation
- Ethical Responsibility and Legal Compliance
- Gender Identity questions can be asked as early as age 3
Terms and Definitions
Everyone has a sexual orientation and gender identity

Agree

Disagree
What term below best aligns with the following definition: The gendered way that a person dresses or presents themselves.

<table>
<thead>
<tr>
<th>Biological Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Identity</td>
</tr>
<tr>
<td>Gender Expression</td>
</tr>
<tr>
<td>Sex Assigned At Birth</td>
</tr>
</tbody>
</table>
What term below best aligns with the following definition: A term used to describe a person whose biological sex and gender identity are incongruent, or "don't match."

- Transgender
- Cisgender
- Non-Conforming
- Gender Dysphoria
What term below best aligns with the following definition: A person who is emotionally, romantically, or sexually attracted to members of the same gender.

<table>
<thead>
<tr>
<th>Term</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual</td>
<td>A</td>
</tr>
<tr>
<td>Homosexual</td>
<td>B</td>
</tr>
<tr>
<td>Gay</td>
<td>C</td>
</tr>
<tr>
<td>Lesbian</td>
<td>D</td>
</tr>
<tr>
<td>Queer</td>
<td>E</td>
</tr>
<tr>
<td>A, B, C, D</td>
<td>F</td>
</tr>
<tr>
<td>All of the above</td>
<td>G</td>
</tr>
</tbody>
</table>
Sexual Orientation and Gender Identity

- All people have a sexual orientation and a gender identity
  - How people identify can change
  - Terminology varies
- Gender identity and sexual orientation are separate concepts
Sexual Orientation

- Sexual orientation is how a person characterizes their physical and emotional attraction to others. It has 3 dimensions:
  - **Identity**: Do you consider yourself gay, lesbian, bisexual, straight, queer, something else?
  - **Attraction**: What gender(s) are you attracted to?
  - **Behavior**: What gender(s) do you have sex with?
The SIEO Model
Sex, Identity, Expression, Orientation

***This is not an exhaustive list, many additional identity labels exist***

Two Spirit

- **Two Spirit is a term in the English Language that attempts to incorporate and honor the hundreds of ancient, respectful, Native Language terms that were used for thousands of years within our communities, our cultures, and our ceremonial life.**

- **Two Spirit indicates an ability to see the world from both male and female perspectives and to bridge the world of male and female.**

- **Since the time of contact with Europeans, our Two Spirit people and our societal beliefs surrounding Two Spirit roles and contributions to our communities have been marginalized and stigmatized, resulting in marginalized individuals and groups of people within our families and tribal communities.**

Robert Kentta, Siletz Tribal Member, Cultural Resources Director, and Tribal Council Member, Gitauk-uahi (Two Spirit)
What about the Q?

- The term Queer is not embraced by all members of the LGBT community as it's historically been used as an insult.

- In the Northwest, and among some youth nationwide, Queer has become a term used by some to represent identities other than heterosexual.

- It is a word that has been reclaimed by members of the community and often is used among those advocating for equity and changing the political landscape of LGBTQ+ rights.
The letter "x," instead of an "o" makes Latino, a masculine identifier, gener-neutral. It also moves beyond Latin@ - which has been used in the past to include both masculine and feminine identities – to encompass genders outside of that limiting man-women binary
## Español LGTB

<table>
<thead>
<tr>
<th>Palabras</th>
<th>Significado y contexto</th>
<th>Ejemplo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entender</td>
<td>Ser gay, bisexual o lesbiana. Es una palabra usada únicamente dentro del colectivo LGTB</td>
<td>Ninguna de mis amigas entiende</td>
</tr>
<tr>
<td>El ambiente</td>
<td>Ambiente o entorno gay.</td>
<td>Hace mucho tiempo que no voy a bares de ambiente</td>
</tr>
<tr>
<td>Tener pluma</td>
<td>Tener maneras y apariencia marcadamente homosexuales</td>
<td>Pablo tiene mucha pluma</td>
</tr>
<tr>
<td>Bollo (Esp.)</td>
<td>Lesbian.</td>
<td>Jodi Foster es bollo</td>
</tr>
<tr>
<td>Arepera (Col.)</td>
<td>Bollo es una palabra coloquial (no despectiva) usada solo en España por las propias lesbianas.</td>
<td></td>
</tr>
<tr>
<td>Torta (Arg.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay</td>
<td>Ser homosexual. En España, se usa para los hombres. Existe la palabra marica o maricon (despectivo).</td>
<td>Paco es gay.</td>
</tr>
<tr>
<td>Bisexual</td>
<td>Ser bisexual</td>
<td>Ana es bisexual</td>
</tr>
<tr>
<td>Una marilriende</td>
<td>Mujer heterosexual amiga de hombres gays que frecuenta el ambiente</td>
<td>Isabel es una marilriende. Siempre sale por Chueca con sus amigos gays.</td>
</tr>
<tr>
<td>El orgullo gay</td>
<td>El hecho de estar orgulloso por ser gay, y que suele conmemorarse en un día especial (Día del Orgullo Gay).</td>
<td>En Madrid se celebra el Orgullo Gay a principios Julio</td>
</tr>
<tr>
<td>Salir del armario</td>
<td>Declarar públicamente la homosexualidad</td>
<td>Amenábar salió del armario hace mucho tiempo</td>
</tr>
<tr>
<td>LGTB</td>
<td>Siglas para Lesbianas Gays Transexuales y Bisexuales. ¡Ojo! En español el orden de letras es diferente al inglés</td>
<td>El colectivo LGTB en Madrid es muy amplio</td>
</tr>
<tr>
<td>Oso</td>
<td>Hombre gay con aspecto marcadamente masculino</td>
<td>A Juan le gustan los chicos tipo oso</td>
</tr>
</tbody>
</table>
LGBT Glossary

To download a glossary that defines other LGBT terms, click here or go to:


Glossary of LGBT Terms for Health Care Teams

As a provider in a health center or other health care organization, becoming familiar with terms used by lesbian, gay, bisexual, transgender (LGBT) communities can help you provide these patients with the highest quality care. In this glossary, you will find some of the terms most relevant to the health care of LGBT people. When reading this glossary, here are a few things to keep in mind: 1) Definitions vary across communities; not all of your LGBT patients will agree with all of these definitions; 2) There are many terms not included on this list; we tried to keep the list as concise and relevant to health care providers as possible; 3) Terms and definitions change frequently; we will try to update this list to keep up with changing language. If you have a suggestion, please email us at lgbthealtheducation@fenwayhealth.org.

Gender (adj.) – Describes a person who identifies as having no gender.
Ally (noun) – A person who supports and stands up for the rights of LGBT people.
Aromantic (adj.) – An orientation that describes a person who experiences little or no romantic attraction to others and/or a lack of interest in forming romantic relationships.
Asexual (adj.) – Describes a person who experiences little or no sexual attraction to others. Asexuality is not the same as celibacy.
Assigned sex at birth (noun) – The sex (male or female) assigned to a child at birth, most often based on the child’s external anatomy. Also referred to as birth sex, natal sex, biological sex, or sex.
Bigender (adj.) – Describes a person whose gender identity is a combination of two genders.
Binding (verb) – The process of tightly wrapping one’s chest in order to minimize the appearance of having breasts. This is achieved through use of constrictive materials such as cloth strips, elastic or non-elastic bandages, or specially designed undergarments.
Biphobia (noun) – The fear of, discrimination against, or hatred of bisexual people or those who are perceived as such.
Biexual (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.
Bottom surgery (noun) – Colloquial way of describing gender affirming genital surgery.
Key Points to Remember When Talking with Patients
Using Names and Pronouns

- Registration forms should have a space for patients to enter their preferred name and pronouns
- This information should also be included in medical records
- A patient’s pronouns and preferred name should be used consistently by all staff
Using Names and Pronouns

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Possessive</th>
</tr>
</thead>
<tbody>
<tr>
<td>She</td>
<td>Her</td>
<td>Hers</td>
</tr>
<tr>
<td>He</td>
<td>Him</td>
<td>His</td>
</tr>
<tr>
<td>They</td>
<td>Them</td>
<td>Theirs</td>
</tr>
<tr>
<td>Ze</td>
<td>Zim</td>
<td>Zirs</td>
</tr>
<tr>
<td>Sie/Zie</td>
<td>Hir</td>
<td>Hirs</td>
</tr>
</tbody>
</table>

Adapted from [http://forge-forward.org/](http://forge-forward.org/)
Using Names and Pronouns

- If you are unsure about a patient’s preferred name or pronouns:
  - “I would like to be respectful—what name and pronouns would you like me to use?”

- If a patient’s name doesn’t match insurance or medical records:
  - “Could your chart/insurance be under a different name?”
  - “What is the name on your insurance?”

- If you accidentally use the wrong term or pronoun:
  - “I’m sorry. I didn’t mean to be disrespectful.”
Using Identity Terms

- It is important to listen to, understand, and mirror the terms that patients use to describe themselves.
- Keep in mind that some people do not like to use any terms to describe their sexual orientation or gender identity.
### Affirming Terminology

<table>
<thead>
<tr>
<th>Instead of Saying This…</th>
<th>Say THIS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“real” sex, “real” gender, genital sex</td>
<td>sex assigned at birth</td>
</tr>
<tr>
<td>A transgender</td>
<td>transgender person, or, person who is transgender</td>
</tr>
<tr>
<td>transgenders</td>
<td>transgender people, or people who are transgender</td>
</tr>
<tr>
<td>sex change, The Surgery, transgendering, pre-operative, post-operative</td>
<td>medical transition</td>
</tr>
<tr>
<td>MTF/FTM</td>
<td>transgender woman, transgender man</td>
</tr>
<tr>
<td>hermaphrodite</td>
<td>Intersex person, or, person who is intersex</td>
</tr>
<tr>
<td>sexual preference, homosexual</td>
<td>sexual orientation</td>
</tr>
</tbody>
</table>
Avoiding Assumptions

- A key principle of effective communication is to avoid making assumptions:
  - Don’t assume you know a person’s gender identity or sexual orientation based on how they look or sound
  - Don’t assume you know how a person wants to describe themselves or their partners
  - Don’t assume all of your patients are heterosexual and cisgender (not transgender)
Communication “Don’ts!”

- Don’t laugh or gossip about a patient’s appearance or behavior.
- Don’t use stereotypes or ask questions that are not necessary for care. Examples of “don’ts”:
  - “You’re so pretty! I cannot believe you are a lesbian.”
  - “Are you sure you’re bisexual? Maybe you just haven’t made up your mind yet.”
  - “I see you checked ‘gay’ on your registration form. How’s the club scene these days?”
  - “You look just like a real woman.”
Accountability

- Creating an environment of accountability and respect requires everyone to work together.
- Don’t be afraid to politely correct your colleagues if they make a mistake or make insensitive comments.
  - “Those kinds of comments are hurtful to others and do not create a respectful work environment.”
  - “My understanding is that this patient prefers to be called ‘Jane’, not ‘John’.”
Creating Inclusive Environments
10 TEN THINGS:
CREATING INCLUSIVE HEALTH CARE ENVIRONMENTS FOR LGBT PEOPLE

NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE
July 2015
Creating Inclusive Environments for LGBT People

- Clinic and organizational leadership are engaged and set a tone for inclusivity
  - Scheduling an introductory all staff training
  - Create a LGBT advisory group/task force
  - Identify champions

- Policies reflect the needs of LGBT people
  - Non-discrimination policies
  - Support person and visitation policies

- Outreach and engagement
  - Focus groups
  - Participate in Pride and other community events/planning groups
Creating Inclusive Environments for LGBT People

• All staff receive training on culturally-affirming care for LGBT people
  - Training on terminologies, disparities, and avoiding assumptions
  - Improved communication by staff at all levels

• Processes and forms reflect the diversity of LGBT people and their relationships
  - doaskdotell.org
  - Preferred pronouns
  - Asking appropriate questions
Creating Inclusive Environments for LGBT People

• All patients receive routine sexual health histories

• Clinical care and services incorporate LGBT health care needs
  - Prevention and wellness (STI screening, tobacco cessation, cancer screening)
  - Transgender health care
  - Comprehensive family planning services
  - LGBT behavioral health services
Creating Inclusive Environments for LGBT People

• Data Collection
  - EHR fields and surveys represent diversity of the community

• Physical environment welcomes LGBT people
  - Signs
  - Waiting room materials
  - Bathrooms

• LGBT staff are recruited and retained
Tips for a Welcoming Physical Environment

• Have an "all are welcome here" statement that is inclusive of the LGBTQ+ community and/or rainbow flag

• Do a visual "walk through" of literature and signage in your waiting rooms, exam rooms, etc. and ensure inclusion of LGBTQ+ specific materials

• Include statements about welcoming LGBTQ+ patients, and information about LGBTQ+-specific health services that are available through your medical home, on your website and patient portal

• Have patient education materials that address key LGBTQ+ health issues (HIV/STI, hormone therapy, etc.)

• Have a gender neutral bathroom available for patients and staff
WE WELCOME ALL

ALL RACES AND ETHNICITIES

ALL RELIGIONS

ALL COUNTRIES OF ORIGIN

ALL SEXUAL ORIENTATIONS

ALL GENDER IDENTITIES

ALL ABILITIES

*Originally adapted from the original “We Welcome” sign created by PRC members Lisa Mengum and Jason Levin.
Things to remember…

• Living as one's authentic self is important to well being

• There are 3 SOGI questions: sex assigned at birth, gender, and sexual orientation

• When something is asked in a routine way, people are more likely to respond

• Don't make assumptions, always ask with respect

• Make sure questions are asked in the same way they are recorded in the EHR, and that you only ask what you need to know to improve patient care

• Remember that people may not want SOGI information recorded in the EHR

• The goal is improved patient relationships with providers and clinic staff, as well as improved health outcomes
<table>
<thead>
<tr>
<th>Comfort Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
<td></td>
</tr>
<tr>
<td>Most of the time</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td></td>
</tr>
</tbody>
</table>

I feel comfortable having affirming conversations with members of the LGBTQ+ community...
LGBTQ Health Resources for Providers

**Centers for Disease Control and Prevention:** [http://www.cdc.gov/lgbthealth/](http://www.cdc.gov/lgbthealth/)
Information for patients and providers regarding statistics and health guidelines.

**Gay and Lesbian Medical Association:** [http://www.glma.org/](http://www.glma.org/)
Professional organization for healthcare providers, hosts LGBT health conferences annually.

**World Professional Association for Transgender Health:** [http://www.wpath.org/](http://www.wpath.org/)
Professional organization publishes guidelines & standards for care of transgender patients, hosts annual conferences.

Research & training for LGBT competent care, provides training modules, downloadable printouts.

**UCSF Center of Excellence for Transgender Health:** [http://transhealth.ucsf.edu/](http://transhealth.ucsf.edu/)
Educational topics and guidelines for providers on affirming care for transgender patients.
LGBTQ Health Providers

Queer Healthcare Accountability Coalition (QuHAC): [https://quhac.gaycity.org](https://quhac.gaycity.org)
Local LGBTQ-friendly provider database.

GLMA Provider Directory: [www.glma.org](http://www.glma.org), click on “Find a Provider”
Nationwide LGBTQ-friendly provider directory.

PrEP Locator Directory: [https://preplocator.org](https://preplocator.org)
Questions?
Questions

- Thank You to Our Speaker:
  - Dayna Morrison, MPH
- CEU: [https://www.ndhealth.gov/hiv/Provider/](https://www.ndhealth.gov/hiv/Provider/)
- Next Lunch and Learn: January 23, 2019 at 12pm CT