



**LA County Lesbian & Bisexual Women's Health Collaborative  
 Resource Guide  
 2014**

The selections below offer a sample of research publications and are not exhaustive of all of the available publications related to various aspects of lesbian and bisexual women's health. For further information about this guide, or the LA County Lesbian and Bisexual Women's Health Collaborative, please see the contact information at the end.

TITLE	PUBLICATION OVERVIEW
<b>PATIENT-PROVIDER RELATIONSHIP</b>	
<p><b>Under What Conditions do Lesbians Disclose their Sexual Orientation to Healthcare Providers? A Review of the Literature</b>            St. Pierre M., 2012  <i>J Lesbian Studies</i>, 199-219.  <a href="http://www.tandfonline.com/doi/pdf/10.1080/10894160.2011.604837">http://www.tandfonline.com/doi/pdf/10.1080/10894160.2011.604837</a></p>	<p><u>Background.</u> Lesbians who disclose their sexual orientation tend to: engage in healthier behaviors (i.e. not smoking), actively seek and receive primary and preventive health care regularly, receive more quality care, experience better communication with health care providers, and feel more satisfied with the care they receive.</p> <ul style="list-style-type: none"> <li>• Lesbians' disclosure of sexual orientation is integral to providers' ability to offer them customized care.               <ul style="list-style-type: none"> <li>○ Three conditions encourage/discourage disclosure: patient attributes, perceived relevancy, and the healthcare.</li> </ul> </li> </ul> <p><u>Study Findings.</u></p> <ul style="list-style-type: none"> <li>• Lesbians who disclosed tended to: be comfortable with their sexual orientation, be in partnered relationships, and believe they have health issues.</li> <li>• Lesbians who believed disclosure was related to their medical complaint were more likely to disclose</li> <li>• The presence of GLBT symbols and information in waiting areas, intake forms with inclusive language, ensured confidentiality, and the type of healthcare setting all influenced disclosure.</li> <li>• Women were more likely to disclose with a provider that was comfortable or sensitive to LGBT health</li> <li>• Women also considered other practical factors before they would disclose such as: provider competency, empathy, and listening skill</li> <li>• A provider's race was also an important factor for lesbian women of color</li> </ul>

<p><b>Lesbian Women’s Experiences with Health Care: A Qualitative Study</b> Bjorkman, M. and Malterud, K.</p> <p><a href="http://informahealthcare.com/doi/pdf/10.3109/02813430903226548">http://informahealthcare.com/doi/pdf/10.3109/02813430903226548</a></p>	<p>Qualitative study addresses:</p> <ul style="list-style-type: none"> <li>• Forced disclosure of sexual orientation</li> <li>• Inappropriate care offered even with disclosure of sexual orientation</li> <li>• Appreciation of provider support</li> <li>• Provider acceptance and comfort</li> <li>• Characteristics of an uncomfortable provider</li> <li>• Provider misconceptions regarding lesbian patients</li> <li>• The relevance of medical disclosure</li> <li>• The “coming out” process</li> <li>• Provider prejudices</li> </ul>
<p><b>Approved: New and Revised Hospital EPs to Improve Patient-Provider Communication</b> The Joint Commission, 2010</p> <p><a href="http://www.imiaweb.org/uploads/pages/275_2.pdf">http://www.imiaweb.org/uploads/pages/275_2.pdf</a></p>	<p><u>Background.</u></p> <ul style="list-style-type: none"> <li>• 2010 Joint Commission revised requirements to improve patient-provider communication, and to increase quality and safety through effective communication, cultural competence, and patient- and family-centered care</li> <li>• The revised elements of performance address: qualifications for language interpreters/translators; identifying and addressing patient communication needs; collecting race, ethnicity, and language data; patient access to chosen individuals for support; non-discrimination in patient care; and providing language services</li> <li>• Contains implementation guide with resources and improve patient-provider communication.</li> <li>• Sexual orientation data is not included among the demographic data collected. Sexual orientation data is necessary because it aids providers in tailoring health care for LGBT patients.</li> <li>• Many LGBT patients still cite the fear of discrimination as a barrier to utilizing health care</li> <li>• Many LGBT patients still express wanting to bring their partners for support, but provider discomfort often inhibits them in doing so</li> </ul>
<p><b>Top Ten Issues to Discuss with Your Provider</b> GLMA, 2012</p> <p><a href="http://www.glma.org/index.cfm?fuseaction=Page.viewPage&amp;pageId=947&amp;grandparentID=534&amp;parentID=938&amp;nodeID=1">http://www.glma.org/index.cfm?fuseaction=Page.viewPage&amp;pageId=947&amp;grandparentID=534&amp;parentID=938&amp;nodeID=1</a></p>	<p>Discusses the ten most important issues that bisexuals, lesbians, and transgender individuals should discuss with their healthcare providers that different issues amongst lesbians and bisexual women.</p>

<p><b>Barriers to Optimal Care between Physicians and Lesbian, Gay, Bisexual, Transgender, and Questioning Adolescent Patients</b> Kitts, RL., 2010</p> <p><a href="http://www.tandfonline.com/doi/full/10.1080/00918369.2010.485872">http://www.tandfonline.com/doi/full/10.1080/00918369.2010.485872</a> mentioned in Health Behavior and Health Status</p>	<p><u>Overview:</u> Residents and attending physicians were surveyed regarding practice, knowledge, and attitudes pertaining to LGBTQ adolescents in order to identify barriers to optimal care between physicians and LGBTQ adolescents.</p> <p>Most physicians did not:</p> <ul style="list-style-type: none"> <li>• Regularly discuss sexual orientation, sexual attraction, or gender identity while taking a sexual history from adolescents</li> <li>• Ask about sexual orientation if an adolescent presented with depression, suicidal thoughts, or had attempted suicide</li> <li>• Ask additional sexual health-related questions if an adolescent stated they were not sexually active</li> <li>• Believe they had all the skills needed to address issues of sexual orientation with adolescents</li> </ul>
<p><b>Advancing Effective Communication, Cultural Competence and Patient-and Family-Centered care for the Lesbian, Gay, Bisexual, and Transgender LGBT Community: A Field Guide</b> Joint Commission, 2011.</p> <p><a href="http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf">http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf</a></p>	<p>This guide can be used as a self-assessment tool to:</p> <ul style="list-style-type: none"> <li>• Inform/revise organizational policies, procedures, and practices</li> <li>• Identify gaps or areas needing improvement, patient safety issues, and strategic initiatives or outreach efforts</li> <li>• Evaluate compliance with current laws, regulations, and standards</li> <li>• Help develop staff and patient survey questions</li> <li>• staff; and incorporate into staff orientation or other trainings.</li> </ul> <p>Strategies and recommendations that include:</p> <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Provision of care, treatment and services</li> <li>• Workforce</li> <li>• Data collection and use</li> <li>• Patient, family, and community engagement.</li> </ul>
<p><b>American Medical Association LGBT Resources</b></p> <p><a href="http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glb-advocacy-committee/glb-resources.page">http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glb-advocacy-committee/glb-resources.page</a></p>	<p>The AMA provides LGBT health-related articles, podcasts, handouts, and presentations produced by the AMA and others in the LGBT health field, including information on:</p> <ul style="list-style-type: none"> <li>• LGBT Health Resources</li> <li>• LGBT Youth Suicide Prevention</li> <li>• Major Organizations in LGBT Health</li> <li>• Creating a LGBT-Friendly Practice</li> <li>• Communicating with LGBT Patients</li> <li>• Understanding Important LGBT Health Issues</li> <li>• Taking Steps to Spread Awareness of LGBT Health Issues</li> </ul>

<p><b>Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals</b> The Joint Commission, 2014</p> <p><a href="http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf">http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf</a></p>	<p>Includes a resource guide, information about laws and regulations, Joint Commission standards and requirements, and recommendations for changes across multiple components of the healthcare continuum including:</p> <ul style="list-style-type: none"> <li>• Admission</li> <li>• Assessment</li> <li>• Treatment</li> <li>• End-of-Life Care</li> <li>• Discharge and Transfer</li> <li>• Organization Readiness</li> </ul>
<p><b>Standards of Care for the Health of Transsexual, Transgender, and Gender- Nonconforming People</b> The World Professional Association for Transgender Health</p> <p><a href="http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf">http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf</a></p>	<p><u>Goal:</u> To provide information about safe and effective healthcare for transsexual, transgender, and gender-nonconforming people in order to maximize their overall health, psychological well-being, and self-fulfillment.</p> <p>Topics Include:</p> <ul style="list-style-type: none"> <li>• Purpose, use, and applicability of the Standards of Care <ul style="list-style-type: none"> <li>○ living in institutional environments</li> <li>○ disorders of sex development</li> </ul> </li> <li>• Difference between gender nonconformity and gender dysphoria</li> <li>• Epidemiologic considerations</li> <li>• Therapeutic approaches for gender dysphoria</li> <li>• Assessment and treatment of children and adolescents with gender dysphoria</li> <li>• Mental Health</li> <li>• Hormone Therapy</li> <li>• Reproductive Health.</li> <li>• Voice and Communication Therapy</li> <li>• Surgery</li> <li>• Postoperative Care and Follow-Up</li> <li>• Lifelong Preventive and Primary Care</li> </ul>
<p><b>Best Practices for Asking Questions about Sexual Orientation on Surveys</b> 2009</p> <p><a href="http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf">http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf</a></p>	<p>Identification of LGB individuals in surveys allows researchers to evaluate sexual orientation as a predictor of health, social, and economic outcomes. This analysis of survey methodologies produced by the Sexual Minority Assessment Research Team discusses:</p> <ul style="list-style-type: none"> <li>• Measuring Sexual Orientation on Surveys: <ul style="list-style-type: none"> <li>○ Why Ask</li> <li>○ What to Ask</li> <li>○ Where and How to Ask</li> </ul> </li> <li>• Considerations Regarding: <ul style="list-style-type: none"> <li>○ Age and Sexual Orientation</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Race/Ethnicity</li> <li>○ Culture</li> <li>○ Collecting Data on Transgender Status and Gender Nonconformity</li> </ul> <ul style="list-style-type: none"> <li>● best practices data on sexual orientation</li> </ul>
<p><b>Asking Patients Questions about Sexual Orientation and Gender Identity in Clinical Settings: A Study in Four Health Centers</b> The Fenway Institute, 2013</p> <p><a href="http://thefenwayinstitute.org/wp-content/uploads/COM228_SOGI_CHAR_N_WhitePaper.pdf">http://thefenwayinstitute.org/wp-content/uploads/COM228_SOGI_CHAR_N_WhitePaper.pdf</a></p>	<p><u>Overview:</u> This study of diverse patient groups at 4 community health centers evaluated standardized sexual orientation and gender identity questions.</p> <p><u>Results:</u></p> <p>Respondents:</p> <ul style="list-style-type: none"> <li>● Understood the importance of sexual orientation and gender identity questions to healthcare</li> <li>● 4 out of 5 felt it was important for their providers to know about their sexual orientation.</li> <li>● Less than one in five would make changes to the sexual orientation question</li> <li>● 79% of homosexuals strongly agreed that the questions accurately documented their sexuality</li> <li>● Only 55% of bisexuals strongly agreed</li> <li>● 7% of transgender men and 16% of transgender women would not answer a question about the sex they were assigned at birth</li> </ul>
<p><b>Healthcare Preferences Among Lesbians: A Focus Group Analysis</b> Seaver M. R., Freund, K.M, et al, 2008</p> <p><a href="http://online.liebertpub.com/doi/pdf/10.1089/jwh.2007.0083">http://online.liebertpub.com/doi/pdf/10.1089/jwh.2007.0083</a></p>	<p><u>Overview:</u> This study used age stratified focus groups and semi-structured interviews to characterize lesbians' experiences with, and preferences for women's healthcare</p> <p><u>Results:</u></p> <p>Participants wanted care that is:</p> <ul style="list-style-type: none"> <li>● Comprehensive in scope</li> <li>● Person centered</li> <li>● Nondiscriminatory</li> <li>● Inclusive of them as lesbians</li> </ul> <p>Healthcare providers should:</p> <ul style="list-style-type: none"> <li>● Adopt an inviting, person centered approach toward lesbians seeking healthcare</li> <li>● Assure them access to healthcare information</li> <li>● Establish holistic healthcare delivery systems</li> </ul>

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