



Diane Bruessow, RPA-C, DFAAPA, practices primary care in Middle Village, Queens, in New York City. She is a member of the JAAPA editorial board.

Keeping up with LGBT health: Why it matters to your patients

Health care systems can be tough on sexual and gender minority (SGM) patients. My teachable moments didn't happen in PA school or as a practicing PA but rather while my partner or I have been sitting in a paper gown on an exam table. We face the same challenge every visit: to ensure our health concerns are addressed while navigating assumptions—from the patient registration forms through the clinical interaction, the patient satisfaction questionnaire, and the lack of tracking of our health outcomes—that we are heterosexual. These are the four critical opportunities within the delivery of health care services when knowing sexual orientation and gender identity can impact a patient's health.

Ideally, patient registration should allow SGM patients to ensure their legal rights in visitation, advance directives, billing, preferred name, and so forth. The clinical interaction requires history taking that is culturally competent and knowledgeable in SGM health. Patient satisfaction evaluations should capture the experiences of SGM patients, and health outcomes should be tracked.

Some SGM patients seek care in specialized environments at lesbian, gay, bisexual, and transgender (LGBT) community health centers (<http://bit.ly/fV5e9Z>). Others turn to resources like the Gay & Lesbian Medical Association's provider directory (<http://bit.ly/gS84FO>). These options aren't accessible everywhere, however, and PAs are already encountering SGM patients—even when we don't know it. According to census data, same-sex households exist in 99.3% of US counties.¹ Similar data on gender identity aren't available but are increasingly being collected in health surveys.

Just 10 years ago, the Healthy People (HP) initiative identified 29 specific objectives for which sexual orientation appeared in the data templates while, with the exception of the HIV/AIDS Surveillance System of the CDC, data identifying people by sexual orientation were not collected by any national survey or system. Gender identity and transgender health were notably omitted from HP2010.^{2,3} However, HP2020 contains objectives pertinent to LGBT health throughout many topic areas, and LGBT health is one of 13 new topic areas. According to the National Coalition for LGBT Health, HP2020 is remarkable for its emphasis on identifying, measuring, tracking, and reducing health disparities through a determinants-of-health approach (<http://bit.ly/i3lSGf>). The shortage of health care providers who are knowledgeable and culturally competent in LGBT health is of particular relevance to PAs. HP2020 recognizes this as a social determinant affecting the health of LGBT patients.

PAs can reduce the need for specialized environments by becoming knowledgeable and culturally competent in SGM health. I've seen many excellent LGBT health resources; and I suspect it's not a lack of information driving the shortage of knowledgeable and culturally competent health care providers. But I am confident that a growing body of data makes it increasingly easy for PAs to become appropriately informed. In addition to HP2020, there are other resources worth highlighting. My favorite textbook for primary care providers is *The Fenway Guide to LGBT Health* published by the American College of Physicians (<http://bit.ly/hJfwmV>). For an in-depth assessment of LGBT health data, the Institute of Medicine will be publishing a consensus report on LGBT Health Issues and Research Gaps and Opportunities later this month (<http://bit.ly/6idzM0>).

National LGBT Health Awareness Week (which occurs annually in March) helps to bridge the gap between the growing body of data, clinicians, and our LGBT patients (www.lgbthealth.net). On the most basic level, we are reminded not to assume that all of our patients are heterosexual and cisgendered, and we are encouraged to improve our interpersonal and communication skills, one of the core PA competencies, by learning how and when to talk with our patients about sexuality and gender. A successful LGBT health awareness campaign will encourage LGBT patients to seek increased access to knowledgeable and culturally competent care. Will you be ready?

Whether your role is clinical, research, or administrative, take a moment to ask yourself, do you know who your SGM patients are? And do you know when and why it matters?

PAs can reduce the shortage of health care providers who are knowledgeable and culturally competent in SGM health and should avoid making any assumptions about patients' sexual orientation and gender identity. SGM patients need to receive the four critical opportunities for data collection in patient registration, clinical interaction, patient satisfaction, and health outcomes. Their health depends on it. **JAAPA**

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