Addressing Health Care Disparities in the Lesbian, Gay, Bisexual, and Transgender Population: A Review of Best Practices

To provide culturally competent care, we need to know who our patients are.

OVERVIEW: The health care needs of people who are lesbian, gay, bisexual, or transgender (LGBT) have received significant attention from policymakers in the last several years. Recent reports from the Institute of Medicine, Healthy People 2020, and the Agency for Healthcare Research and Quality have all highlighted the need for such long-overdue attention. The health care disparities that affect this population are closely tied to sexual and social stigma. Furthermore, LGBT people aren't all alike; an understanding of the various subgroups and demographic factors is vital to providing patient-centered care. This article explores LGBT health issues and health care disparities, and offers recommendations for best practices based on current evidence and standards of care.

Keywords: bisexual, gay, health care disparities, lesbian, LGBT health, patient care, sexual stigma, transgender

The health care needs of people who are lesbian, gay, bisexual, or transgender (LGBT) have received significant attention from policymakers, legislators, educators, health care providers, and community leaders during the last several years. Indeed, recent reports from the Institute of Medicine (IOM), Healthy People 2020, and the Agency for Healthcare Research and Quality have highlighted the need for such long-overdue attention.[1-3] The health care disparities that affect this population are closely tied to sexual and social stigma that linger to this day.[2]

Herek and colleagues have defined sexual stigma as the "society's shared belief system through which homosexuality is denigrated, discredited, and constructed as invalid relative to heterosexuality."[4] This construct has resulted in social determinants that affect the health of LGBT people, such as legal discrimination regarding access to health insurance, a lack of appropriate social programs, and a shortage of providers who are culturally competent in and knowledgeable about LGBT health.[3]

In a 2012 literature review of 17 studies of nurses' attitudes toward the LGBT population, Dorsen noted that although eight studies were "positively leaning," every study found evidence of negative attitudes.[5] Because of various study limitations and a lack of outcomes research, the author cautioned care in generalizing the findings, and called for more rigorous research. But a 2011 IOM report, *The Health of*

Lawrence Johnson feeds his partner of 38 years, Alexendre Rheume, at a nursing care facility in the suburbs of Boston. Rheume suffered from Parkinson's dementia. The couple struggled to find a facility welcoming of them as a couple. Photo © *Gen Silent* documentary film / http://gensilent.com.

Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding, offers further support.[2] While this report acknowledged a need for further research, it found that "from the available literature, it appears that many providers are uncomfortable with providing services to LGBT patients." It raised concerns about how provider attitudes toward LGBT patients may affect care, citing factors such as internalized sexual stigma (also called homophobia and transphobia), and noting that medical schools continue to teach "little or nothing about the unique aspects of lesbian, gay, and bisexual health" and even less about transgender health. For these reasons, LGBT people are collectively considered to be a "priority population" in discussions of health care disparities.[1] This article explores such disparities and offers recommendations for best practices based on current evidence and standards of care.

GAPS IN THE CURRICULUM

The degree to which LGBT health concerns are included in nursing curricula is unknown. But experts generally agree that essential content appears to be limited or lacking.[6,7] A literature review of 16 studies exploring the attitudes of nursing students toward people with HIV infection or AIDS found that many students have negative attitudes about these populations, have some degree of homophobia, and harbor a fear of contagion.[8] A Swedish study found that only 10% of nursing students had a "passing level" of care knowledge about LGBT people.[9] Another study among undergraduates enrolled in a nursing prerequisite course found that more than one-third indicated they would have "considerable difficulty" working with LGBT people and people with AIDS.[10] Similar findings have been reported among social work students.[11] It's interesting that attitudes in the general population appear to be more positive, with 59% of people surveyed by Gallup in 2013 indicating that they find lesbian and gay relationships to be morally acceptable.[12]

The negative attitudes of nursing students toward LGBT people may be attributed in part to a lack of experience with this population and to the limited coverage of LGBT health issues in nursing education.[6,10] It stands to reason that a broader education that includes evidence-based knowledge about LGBT health issues and instruction in cultural competence could help dispel such attitudes.

It's unknown how much time nursing programs currently allot to LGBT-related topics. A recent survey

of 132 American and Canadian medical schools found that on average, just seven hours during the entire preclinical and clinical curricula were dedicated to such topics.[13] While there are no established formulas for determining how much time would be optimal, this seems far too little. Nursing programs need to assess the current range of LGBT health issues covered and the amount of time spent on instruction in order to identify gaps in the curricula. To address known gaps and meet LGBT-specific curricular objectives, Lim and colleagues have proposed various strategies, including developing relevant courses, encouraging independent and elective study, and using simulation and clinical case studies.[14] They also suggest establishing clinical partnerships with agencies that serve the LGBT community, thereby giving students the opportunity to interact with people from sexually diverse groups. Similarly, Eliason and colleagues have stated that "the first task of nursing education is to infuse the curriculum with LGBT content," and they encourage nursing faculty to forge ahead and begin doing so whenever possible.[7] For example, they suggest including relevant materials (such as film) from other disciplines in classroom activities, and supporting student and faculty research into LGBT topics. The Association of American Medical Colleges has explicitly recommended that medical school curricula "ensure that students master the knowledge, skills, and attitudes necessary to provide excellent, comprehensive care" for LGBT patients.[15] To our knowledge, no similarly explicit policy or position statement has come from nursing. If similar resolutions were to be issued by nursing education governance organizations, the inclusion of LGBT health concerns in the nursing curricula might be expedited.

LGBT HEALTH ISSUES

It's been estimated that, overall, between 5% and 10% of the U.S. population identifies as lesbian, gay, or bisexual, or transgender.[16] (Estimates for the various subgroups vary further; for example, one estimate puts the percentage of transgender people at less than 1%.[17]) Although it's often simpler to refer to "the LGBT population," providers must recognize that LGBT people aren't all alike. This population includes individuals "of every race, ethnicity, religion, mental capacity, physical ability/disability, age, and socioeconomic group."[17] And specific health concerns and needs vary considerably among lesbians, gay men, bisexuals, and transgender people. As Haas and colleagues have stated, the LGBT acronym "[does] not adequately reflect the heterogeneity of self-identifications or behaviors within these populations."[18] Indeed, the term "men who have sex with men" (MSM) was coined to acknowledge that self-identity and behavior don't always "match"; it includes gay men, bisexual men, and men who identify as primarily but not exclusively heterosexual.

Furthermore, the literature has often considered LGBT topics mainly in relation to disease and abnormality, while neglecting aspects such as patient-centered health promotion and individualized care following diagnosis. An IOM committee convened in 2010, tasked with identifying research gaps, found that "the existing body of research is sparse and that substantial research is needed."[2] In its final report the committee also noted that most studies had been conducted among lesbians and gay men, and very few among bisexual and transgender people.[2] Addressing the needs of LGBT subgroups such as the elderly, adolescents, and racial or ethnic minorities is also essential to the implementation of outcomes-based patient care.

Certain LGBT health issues and health care disparities have been well documented, however, and efforts to address these must take this evidence into consideration.

LGBT people are collectively considered to be a 'priority population' in discussions of health care disparities.

Lesbians. A study analyzing national population-based data found that lesbians were significantly more likely to be overweight or obese than were women of any other sexual orientation.[19] The finding held even after adjusting for demographic characteristics and parity. Given this higher risk of overweight and obesity, lesbians are also at higher risk for secondary outcomes of these conditions, such as type 2 diabetes, coronary heart disease, stroke, osteoarthritis, and breast and colon cancer.[19] Regarding cancer, Cochran and Mays demonstrated that women in relationships with women were at significantly greater risk for fatal breast cancer than were women in relationships with men, although the researchers found no difference in the overall increased risk of death.[20] Furthermore, according to the IOM, lesbians and bisexual women may use preventive health care services less frequently than heterosexual women.[2]

MSM. HIV infection rates are disproportionately higher among MSM; African American and Hispanic men appear to be at particularly high risk.[21] It's worth noting that although MSM account for just 2% of the population, 61% of all new HIV

infections in 2009 were among MSM.[21] And thanks to advances in treatment, more people with HIV infection or AIDS are living longer. Both HIV infection and long-term antiretroviral therapy have been associated with increased risk of cardiovascular disease, including coronary artery disease, myocardial infarction, peripheral arterial disease, and chronic heart failure.[22] There's evidence that MSM with HIV infection or AIDS are at higher risk for hepatitis B and hepatitis C coinfection.[23] And some experts have urged comprehensive screening for sexually transmitted infections, including gonorrhea, syphilis, and chlamydia, among MSM and transgender people.[24]

The rates of human papillomavirus (HPV) infection and HPV-related anal cancer also appear to be much higher among MSM than among heterosexuals.[25] One study identified smoking, having receptive anal intercourse, having had 15 or more sexual partners, and using corticosteroids as strong risk factors for anal cancer in this population.[25] But there's currently no consensus on how to screen for anal cancer among MSM.[26] Routine vaccination with quadrivalent HPV vaccine for males ages 11 through 26 years who have never been vaccinated or have not completed the three-dose series is recommended.[27]

Bisexuals. There's a dearth of information regarding the particular health issues faced by people who identify primarily as bisexual. That said, it's likely that bisexuals have distinct issues, and more research is needed to fully understand the needs of this subgroup. A comprehensive report on LGBT health by the New Mexico Department of Health found that along with gay men and lesbians, bisexuals reported higher rates of suicidal ideation and suicide attempts, depression, intimate partner violence, obesity, asthma, and life dissatisfaction than did their heterosexual counterparts.[28] And a study among heterosexual, bisexual, and lesbian women found that bisexual women were more likely to ever have had an eating disorder.[29]

Transgender people are less likely than lesbians, gay men, bisexuals, and heterosexuals to have health insurance,[3] and that may influence this group's usage of health care services. Furthermore, research indicates that, for transgender or gender-nonconforming people, discrimination by health care providers is a major deterrent to accessing those services, with "catastrophic consequences."[30] This was among the most important findings of a transgender health survey conducted jointly by the National Center for Transgender Equality and the National Gay and Lesbian Task Force.[30] Nineteen percent of all respondents reported being denied care because of their transgender status. Transgender people of color reported even higher percentages. This study also highlights the dearth of primary care providers who are knowledgeable about transgender health issues. Fifty percent of those surveyed reported having to teach their providers about transgender medical care. The authors call for measures to address antitransgender bias in the medical profession and in the U.S. health care system, and urge providers to seek the knowledge they need regarding this population.

The same study found that AIDS is a major health threat for transgender people, who reported an HIV infection rate four times that of the general population.[30] This highlights the importance of HIV prevention programs tailored to this group. Other health burdens that disproportionately affect transgender people include victimization, mental health issues, and suicide,[3] further underscoring the need to develop outreach and community health programs for this largely underserved group.

Older LGBT people. It's been estimated that by 2050, LGBT people ages 65 years and older will account for one of every 13 elders in this country.[31] Since a majority of health issues appear later in life, the burden of disease faced by older LGBT people will be considerably worse if they are also subjected to ageism and sexual stigmatization when they access the health care system. And regardless of one's age, negative experiences with health care providers are likely to affect follow-up care and patient care satisfaction.

It's estimated that nearly one-third of all people currently living with HIV infection or AIDS are 50 years of age or older.[32] Among older adults, the confluence of HIV infection or AIDS, polypharmacy, and common comorbidities such as hypertension, coronary artery disease, and diabetes has marked implications, such as heightened risk for drug–drug interactions. And LGBT elders are less likely to have had children than their heterosexual peers; those who do are less likely to receive care from their adult children.[2] This may create challenges such as having to rely more heavily on "nontraditional" caregivers (such as friends) "in an environment in which such support is frequently not recognized."[2]

Specific health concerns vary considerably among LGBT people.

LGBT youth. There has been very little research conducted among lesbian, gay, and bisexual youth, and almost none among transgender youth; experts agree that much more is needed.[2] That said, compared with their heterosexual counterparts, LGBT youth are at higher risk for depression, suicidal ideation, and suicide attempts[2, 18, 33]; and they may have higher rates of smoking, alcohol consumption, and substance use.[2] They are also disproportionately likely to be homeless, and once homeless, to experience more negative outcomes.[2, 34] The IOM proposes

further research into how social structures such as families and schools affect LGBT health.[2] Associations between health issues and potential stressors such as being bullied or belonging to a racial or ethnic minority also warrant investigation.

Tobacco, alcohol, and other substance use. The prevalence of smoking is reportedly 27% to 71% higher among gay and bisexual men, and 70% to 350% higher among lesbians and bisexual women, than it is in the general population.[35] In a systematic review, Lee and colleagues found "an elevated prevalence of smoking among sexual minorities with odds ratios between 1.5 and 2.5 when comparing against heterosexual counterparts."[36] And the American Lung Association has reported that, of all sexual minorities, bisexual adults appear to have the highest rate of smoking.[37] Such data require careful interpretation in order not to further stigmatize LGBT people. Experts have noted that sexual orientation is an indicator of health risk that must be interpreted in the context of various social and environmental factors.[36] Higher rates of alcohol and drug use among LGBT people must be similarly interpreted.[3, 38] Eliason and colleagues, who tested one LGBT-specific antismoking intervention and found it effective, have called for more research into such interventions.[38]

Equality (formerly the Gay and Lesbian Medical Association).[40] Although these lists were developed for patients and their families, providers can use them both to explore these issues with their patients and to learn more themselves.

Adelson offers a guideline for working with children and adolescents who are gay, lesbian, bisexual, or "gender nonconforming" or "gender discordant."[41] The discussion on interventions aimed at altering sexual orientation (so-called "reparative" therapies) is particularly relevant. The guideline asserts unequivocally that there's no evidence that such therapies are effective, beneficial, or necessary; indeed, they have been shown to cause considerable harm to self-esteem. Their use is therefore contraindicated. The guideline is available free online from the National Guideline Clearinghouse (www.guideline.gov/content.aspx?id=38417#).

There is currently no guideline specific to older LGBT adults. That said, the American Society on Aging devotes a section of its Web site to the subject of aging in the LGBTQ (the Q stands for "questioning") population (www.asaging.org/blog/content-source/5). Another useful resource for practice-oriented information is the nurse-authored e-book *LGBTQ Cultures: What Health Care Professionals Need to Know About Sexual and Gender Diversity* by Michele J. Eliason and colleagues, which can be purchased online.

A Swedish study found that only 10% of nursing students had a 'passing level' of care knowledge about LGBT people.

As more research findings emerge, the unique health issues of and care disparities among various LGBT subgroups may be better understood. For example, as the National Coalition for LGBT Health has stated, racial and ethnic minorities within the LGBT population are "left vulnerable to cumulative negative health outcomes by a combination of persistent racism and the stigma attached to their sexual orientation and/or gender identity."[39] It's crucial that all health care workers be aware that each distinct group has its own particular needs.

HEALTH PROMOTION AMONG LGBT PEOPLE

Reducing and ideally eliminating LGBT health care disparities is essential to ensuring the improved health, safety, and well-being of LGBT individuals.[3] As health care providers, we need to widen our clinical "lens" so that it focuses not only on the diagnosis and treatment of illness but also on health promotion. As patient advocates, we can help empower LGBT clients to become self-advocates with regard to their health. Table 1 lists the top issues that LGBT people should discuss with their health care providers, according to GLMA: Health Professionals Advancing LGBT

The Center of Excellence for Transgender Health at the University of California, San Francisco, provides primary care protocols for transgender patient care. The protocols, which include various essential prevention and screening guidelines, as well as harm reduction strategies, are available free online (http://transhealth.ucsf.edu/trans?page=protocol-00-00). Another useful resource is the book *Transgender Primary Medical Care: Suggested Guidelines for Clinicians in British Columbia* by Jamie L. Feldman and Joshua Goldberg, which offers evidence-based guidelines for many transgender health concerns (http://bit.ly/QI7ZB8).

As in any clinical practice, and in accordance with their specialty, providers should make every effort to stay informed about the latest research and trends in LGBT health care.

PROMOTING CULTURAL COMPETENCE: A PRACTICE GUIDE

Various LGBT health interest groups have issued recommendations to guide providers in best practices for cultural competence. The Human Rights Campaign, the largest civil rights organization working to achieve

Table 1. Top Issues LGBT People Should Discuss with Their Health Care Providers
Coming out to one's providers is an essential first step for all LGBT people. GLMA: Health Professionals Advancing LGBT Equality has developed lists of the top issues people in each subpopulation should discuss with their providers, as outlined in this table. (The lists are currently being updated; check the organization's Web site periodically for more information: http://bit.ly/1eqgLg7.)

Top Issues Lesbians Should Discuss with Their Providers
1. Breast cancer 2. Depression and anxiety 3. Heart health 4. Gynecological cancer 5. Fitness (diet and exercise) 6. Tobacco use 7. Alcohol use 8. Substance use 9. Intimate partner violence 10. Sexual health
Top Issues Gay Men Should Discuss with Their Providers
1. HIV–AIDS and safe sex 2. Hepatitis immunization and screening 3. Fitness (diet and exercise) 4. Alcohol use, substance use 5. Depression and anxiety 6. Sexually transmitted infections 7. Prostate, testicular, and colon cancer 8. Tobacco use 9. Human papillomavirus
Top Issues Bisexuals Should Discuss with Their Providers
1. HIV–AIDS and safe sex 2. Hepatitis immunization and screening 3. Fitness (diet and exercise) 4. Alcohol use, substance use 5. Depression and anxiety 6. Sexually transmitted infections 7. Prostate, testicular, breast, cervical, and colon cancer 8. Tobacco use 9. Human papillomavirus
Top Issues Transgender People Should Discuss with Their Providers
1. Access to health care 2. Health history 3. Hormones 4. Cardiovascular health 5. Cancer 6. Sexually transmitted infections and safe sex 7. Alcohol and tobacco use 8. Depression 9. Injectable silicone 10. Fitness (diet and exercise)

Adapted with permission from the Gay and Lesbian Medical Association. *Top Ten Issues to Discuss with Your Healthcare Provider*. 2012.[40]

LGBT Health Care Resources

Web Sites

Child Welfare League of America
www.cwla.org
CWLA Best Practice Guidelines: Serving LGBT Youth in Out-of-Home Care (www.cwla.org/pubs/pubdetails.asp?PUBID=0951) is available for a small fee.

GLMA: Health Professionals Advancing LGBT Equality
www.glma.org
Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients (http://bit.ly/1cxwDt5) is aimed at helping providers understand the health care disparities affecting LGBT populations and create welcoming clinical environments for LGBT patients and is available free online.

Lavender Health
www.lavenderhealth.org
This online resource center offers "reliable LGBTQ health information and resources for health care professionals, educators, policy-makers and consumers."

National Gay and Lesbian Task Force
www.thetaskforce.org
Outing Age 2010: Public Policy Issues Affecting Lesbian, Gay, Bisexual and Transgender Elders (www.thetaskforce.org/downloads/reports/reports/outingage_final.pdf) provides useful information regarding LGBT people ages 65 and older.

Parents, Families and Friends of Lesbians and Gays
www.pflag.org
Straight for Equality in Healthcare (http://community.pflag.org/document.doc?id=297) is a guide for health care workers.

The Center of Excellence for Transgender Health
http://transhealth.ucsf.edu
Primary Care Protocol for Transgender Patient Care (http://transhealth.ucsf.edu/tcoe?page=protocol-00-00), created within the Department of Family and Community Medicine at the University of California, San Francisco, aims to provide "accurate, peer-reviewed medical guidance" and to serve as a resource for health care professionals.

The Fenway Institute
http://thefenwayinstitute.org
This organization offers various resources, including this sample handout, "Self-Reflection or Group Discussion Exercises: Attitudes About Sexual Orientation and Gender Identity" (http://bit.ly/MasO5C).

Videos

To Treat Me, You Have to Know Who I Am: Welcoming Lesbian, Gay, Bisexual and Transgender (LGBT) Patients into Healthcare
www.youtube.com/watch?v=NUhvJgxgAac
This 10-minute video, from the New York City Health and Hospitals Corporation, is part of a landmark training program in cultural competency.

Gen Silent (trailer)
www.youtube.com/watch?v=fV3O8qz6Y5g
In the critically acclaimed documentary film *Gen Silent*, filmmaker Stu Maddux follows six LGBT elders who must decide whether to hide their sexuality in order to survive the health care system.

Patient Sexual Health History: What You Need to Know to Help
http://bit.ly/1gNuJXC
Although this short video from the American Medical Association is aimed at educating physicians, its strategies will be useful to nurses as well.

equality for LGBT Americans, has developed a tool called the Healthcare Equality Index.[42] This instrument has been used by health care facilities across the United States (participation is voluntary); it assesses how well a facility meets the four core policies considered essential for equitable and inclusive LGBT care: patient nondiscrimination, equal visitation rights, employment nondiscrimination, and staff training in LGBT patient-centered care. To check whether your facility has participated in the survey and whether it meets the "core four," visit www.hrc.org/hei.

hospitals, titled *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender Community: A Field Guide*.[17] In July of the following year, the Joint Commission began requiring that accredited hospitals "prohibit discrimination based on many factors, including sexual orientation and gender identity or expression."[17] Additional patient-centered communication standards were added to evaluations in July 2012.

The health care disparities that affect the LGBT population are closely tied to sexual and social stigma that linger to this day.

LGBT health: laws and regulations. As the Joint Commission has stated, in the United States "federal statutes prohibit discrimination on the basis of race, color, national origin, age, disability, and sex in virtually all hospitals nationwide."[17] And although "sexual orientation" or "gender identity" aren't yet explicitly included, advocates have been able to use the existing laws to file discrimination complaints against hospitals on behalf of LGBT clients. In 2011, the Department of Health and Human Services announced that all hospitals participating in Medicare and Medicaid were now required to "protect hospital patients' right to choose their own visitors during a hospital stay, including a visitor who is a same-sex domestic partner."[43] The new rule also meant that hospitals were now obligated to protect patients' right "to designate the person of their choice, including a same-sex partner, to make medical decisions on their behalf should they become incapacitated."[43] The rules were subsequently finalized by the Centers for Medicare and Medicaid Services.

The New York City Health and Hospitals Corporation (NYCHHC), the largest municipal health care organization in the country, is the first health care organization to require a mandatory LGBT cultural competency training for all its employees.[44] The training curriculum includes a 10-minute video, *To Treat Me, You Have to Know Who I Am: Welcoming Lesbian, Gay, Bisexual and Transgender (LGBT) Patients into Healthcare*, with testimonials from health care providers and patients. (For links to videos, practice guidelines, and other resources, see *LGBT Health Care Resources*.)

Since each state has its own laws and regulations, it's recommended that all health care workers become informed about state and local regulations and initiatives regarding LGBT health.

Leading the change. In August 2010, the Joint Commission published a monograph aimed at

The monograph, often referred to as the *Field Guide*, is evidence based and comprehensive.[17] It covers five domains, including health care leadership; provision of care, treatment, and services; the workforce; data collection and use; and patient, family, and community engagement. It also offers core principles and a blueprint on how hospitals can provide care that is culturally competent and inclusive of LGBT patients, families, and staff members in any health care setting. In order to implement practice changes successfully, leadership efforts and support are critical. The Joint Commission recommends that health care leaders[17]

- develop or adopt a nondiscrimination policy that protects patients from discrimination based on personal characteristics, including sexual orientation and gender identity or expression.
- develop or adopt a policy ensuring equal visitation.
- develop or adopt a policy identifying patients' right to identify support people of their choice.
- incorporate a broad definition of *family* into new and existing policies.
- develop clear mechanisms for reporting discrimination or disrespectful treatment.
- develop disciplinary processes that address intimidating, disrespectful, or discriminatory behavior toward LGBT patients or staff.
- monitor organizational efforts to provide more culturally competent and patient- and family-centered care to LGBT patients, families, and communities.
- identify an individual directly accountable to leadership for overseeing such organizational efforts.
- appoint a high-level advisory group to assess the climate for LGBT patients and make recommendations for improvement.
- identify and support staff or physician champions who have special expertise or experience with LGBT issues.

Table 2. Strategies to Promote Inclusive Patient- and Family-Centered Care

Strategies for Provision of Care, Treatment, and Services	Implementation
Create a welcoming environment that is inclusive of LGBT patients.	• Prominently post the hospital's nondiscrimination policy or patient bill of rights. • Waiting rooms and other common areas should reflect and be inclusive of LGBT patients and families. (For example, LGBT-relevant magazines and posters and information about local LGBT resources should be available.) • Decor and images depicting couples and families should include same-sex partners, same-sex parents, and LGBT families. • LGBT-friendly symbols such as the rainbow flag can be displayed in waiting areas, on placards and forms, and on staff badges. This can immediately signal a culture of acceptance. • Create or designate unisex or single-stall restrooms. (Although making a unisex restroom available is an important signal of acceptance, patients should be permitted to use restrooms that comport with their gender identity and should not be required to use the unisex restroom.)
Foster an environment that supports and nurtures all patients and families.	• Ensure that visitation polices are implemented in a fair and nondiscriminatory manner. • Refrain from making assumptions about a person's sexual orientation or gender identity based on appearance. (For example, a patient wearing a wedding ring may be partnered with another man or woman; someone whose appearance is typically masculine or feminine may have transitioned from another gender.) • Be aware of misconceptions, biases, stereotypes, and other communication barriers. • Be aware that visible discomfort on the part of staff or other patients in the presence of displays of affection or support can exacerbate an already difficult situation for LGBT families. • Determine mechanisms for handling patient-to-patient discrimination while preserving the dignity of all involved.
Facilitate disclosure of sexual orientation and gender identity while remaining aware that such disclosure ("coming out") is an individual process.	• Honor and respect the patient's decision and timing with regard to coming out. • Ensure that all forms contain inclusive, gender-neutral language that allows for self-identification. (For example, under "relationship status," provide options such as "partnered." For parents, use terminology such as "parent/guardian" that is inclusive of same-sex parents who may or may not be biologically related to the child.)
Advance effective communication.	• Keep in mind that patient information is protected by privacy and confidentiality laws. • Use neutral and inclusive language in interviews and when talking with all patients. • Listen to and reflect patients' choice of language when describing their sexual orientation and how a patient refers to her or his relationship or partner. • If you are unsure of a person's gender identity, ask gender-neutral questions for clarification (such as "How would you like to be addressed?" or "What name would you like to be called?"). • Be aware of language or questions that assume heterosexuality (such as "Are you married?"). When asking about family relationships, ask "Who are the important people in your life?" or "Who is family to you?"

Table 2. Continued

Promote community involvement and advocacy.	• Provide information and guidance about specific health concerns faced by various LGBT subgroups. • Become familiar with online and local resources available for LGBT people. • Seek information and stay up to date on LGBT health topics. • Be prepared with appropriate information and referrals, and help patients find respectful providers. • Be an advocate for vulnerable LGBT subgroups such as the frail elderly, disenfranchised youth, those who are homeless or uninsured, those who have been the victims of violence or bullying, and those with no legal status.

Adapted with permission from The Joint Commission. *Advancing effective communication, cultural competence, and patient- and family-centered care for the lesbian, gay, bisexual, and transgender (LGBT) community: a field guide*. Oakbrook Terrace, IL. © The Joint Commission, 2011.[17]

Promoting inclusive patient care. As the NYCHHC has stated, it's essential for health care providers "to show openness, use inclusive language, welcome and normalize individuals' disclosure of their sexual orientation and gender identity, and use the knowledge they gain from each and every patient" in their practice.[44] An awareness of one's possible biases and knowledge deficits and the willingness to be educated are vital first steps in developing cultural competence. Specific strategies to promote inclusive patient- and family-centered care, based on the Joint Commission's standards, are offered in Table 2.[17]

Implementing best practices guidelines will be an ongoing challenge. Embracing habits of lifelong learning and interprofessional collaboration will help ensure that health care workers continue to benefit from the expertise of those in both the health and social sciences. Besides nurses, other professionals such as physicians, social workers, physical therapists, pharmacists, and hospital chaplains also stand to gain from education in LGBT cultural competency.

As the largest group of direct patient care providers in this country, nurses are in an excellent position to "bridge health [care] disparities and provide culturally sensitive care across the lifespan."[31] Habits of self-awareness and reflection, ongoing professional development, and implementation of best practices are all essential to providing culturally competent care for LGBT people. An understanding of how social determinants of health—including race and ethnicity, literacy level, educational level, legal status, economic status, and geographic location—further affect health, and of their role in creating or exacerbating health care disparities in this population, is also essential.

As research yields more information regarding specific LGBT health issues and health care disparities, we hope to see more evidence-based practice guidelines that can inform providers, educators, and researchers. In the meantime, nurses and other providers are encouraged to practice open-mindedness and to welcome new opportunities to be educated on emerging best practices in LGBT health. ▼

For 33 additional continuing nursing education activities on cultural competence, go to www.nursingcenter.com/ce.

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