



Frederick Center Healthcare Equality Index

A report of Frederick County health care
provider's comfort and confidence in treating
LGBT patients

20 August 2018

Prepared by Kate Ericksen

Acknowledgements

We would like to thank the following people for their contribution to the distribution of the survey used to collect data for this report: Rissah Watkins, Janet Harding, and Barbara Brookmyer. We would also like to thank all of the health care providers who participated in the survey. Your contributions were invaluable to our goal of ensuring health care equality for the LGBT community in Frederick County.

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Terminology

Gay: A person who is emotionally, romantically or sexually attracted to members of the same gender.

Lesbian: A woman who is emotionally, romantically or sexually attracted to other women.

Bisexual: A person who is emotionally, romantically or sexually attracted to more than one sex or gender.

Transgender: A term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth (ie. someone who was assigned male at birth, but identifies and presents as a woman).

LGBT: Umbrella term for lesbian, gay, bisexual, and transgender

Sex: The genetic and anatomical characteristics with which people are born, typically labeled —male or —female.

Gender Identity: One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Gender Expression: The external appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

Gender Non-Binary: An umbrella term for people whose gender identity is different from the traditional gender categories (male or female).

Transition: The process through which transgender people begin to live as the gender with which they identify, rather than the one typically associated with their sex assigned at birth. Transitions may include any combination of physical, social, and medical processes. Medical transition may include medical components like hormone therapy and gender affirmation surgeries.

Gender Affirmation Surgery: The surgical procedure (or procedures) by which a transgender person's physical appearance and function of their existing sexual characteristics are altered to resemble that socially associated with their identified gender.

MSM (Men who have sex with men): Used primarily in the health care field to classify men who identify as heterosexual, but engage in sexual activity with other men.

WSW (Women who have sex with women): Used primarily in the health care field to classify women who identify as heterosexual, but engage in sexual activity with other women.

Executive Summary

Background

In order to address word of mouth accounts from Frederick County community members and nationwide reports on LGBT health care inequality, The Frederick Center created the Healthcare Equality Index to identify disparities in health care for LGBT populations in Frederick County. It was designed to analyse Frederick County health care providers' comfort and confidence in treating LGBT patients in order to locate broader patterns of discrimination.

Using the data collected from this survey, which is specific to Frederick County, we can develop tailored programs for health care providers to help them create affirming medical experiences and optimally serve the needs of their LGBT patients.

Methodology

This project utilized quantitative methods through the use of survey to collect data from health care providers in Frederick County. A survey instrument was dispersed to hospitals, schools, and other health care offices throughout the county. The sample size consists of 108 responses that were collected from August 2017 to July 2018 by the Frederick Center.

Key Findings

- A majority of respondents are *comfortable* treating LGBT patients, with the greatest levels of discomfort being the treatment of transgender/non-binary patients.
- A majority of respondents are comfortable asking LGBT patients about their sexual orientation or gender identity. However, in practice, the people reporting being comfortable asked patients about sexual orientation just over 50% of the time and asked about gender identify just over 30% of the time.
- A majority of respondents are *confident* treating LGBT patients. Notably, higher percentages of respondents lacked *confidence* even though they are *comfortable* treating LGBT patients. Respondents reported the least levels of confidence in the treatment of transgender/non-binary patients.
- Improvement is needed in the number of practices that have intake forms that affirm LGBT patients and policies that include LGBT patients.

- There is a significant lack of training offered to medical providers on LGBT health issues and how to interact with LGBT patients in an affirming manner.
- Health care providers in Frederick County are unaware that disparities in LGBT healthcare exist and thus may be unintentionally perpetuating them.

Key Recommendations

- Frederick County health care providers should partner with The Frederick Center to organize training sessions on the LGBT community, health disparities, and approaches that can be employed by the practice to affirm LGBT patients.
- Frederick Memorial Hospital should identify one or more of its affiliate practices to become a center of excellence in the treatment of LGB and transgender patients.
- All health care providers should be aware of and able to refer patients and patient families to the non-medical peer support programs operated by The Frederick Center.
- The Frederick County Department of Health, Frederick Memorial Hospital, or both should undertake a campaign to encourage all medical providers to update policies and intake forms that consider and affirm LGBT people, and possibly include templates that these organizations can use.
- Understanding that responses cannot be mandated, any subsequent HEI survey should be co-organized by and championed by FMH and its senior staff in order to improve the response rate.

1 Introduction

1.1 Background

Based on word of mouth accounts from the LGBT community in Frederick County, the Frederick Center undertook the Frederick County Healthcare Equality Index to identify disparities in health care for LGBT patients. This study focuses on the perspective of health care providers practicing in Frederick County and was designed to analyze health care providers' comfort and confidence in delivering health services to their LGBT patients.

This project was conducted, in part, to corroborate anecdotal reports by LGBT community members and put them into context with nationwide reports on health care inequality. LGBT patients more frequently avoid the doctor due to discrimination, face higher rates of depression and anxiety, and report lower rates of mammography and Pap smear screenings, among several other issues¹. Despite these disparities, only 47% of health care facilities have policies that outline procedures and practices aimed at eliminating bias and insensitivity when treating LGBT patients, according to the Human Rights Campaign's nationwide study of LGBT health care disparities².

With the data specific to Frederick County, we can develop programs for health care providers to help them create affirming medical experiences and optimally serve the needs of their LGBT patients. This, in turn, will expand the pool of local medical services to LGBT community members who now are forced to travel to Baltimore and Washington, DC, for care as well as help address gaps in medical outcomes between straight and LGBT patients.

The study was developed by Peter Brehm and Kate Ericksen, working through the Frederick Center, a 501(c)(3) organization that serves the Lesbian, Gay, Bisexual, Transgender (LGBT) community and its allies.

1.2 Objectives

The objectives of the Frederick Center Healthcare Equality Index are to:

- Identify Frederick County health care providers' gaps in comfort and confidence when treating LGBT patients
- Use this data to develop programs for health care providers to educate them on how to best serve the needs of their LGBT patients

¹ Data from "Understanding the Health Needs of LGBT People." See Section 6 References.

² Data from the "Healthcare Equality Index 2018." See Section 6 References.

2 Methodology

2.1 Research Questions

The research questions to be answered by the Frederick Center Healthcare Equality Index are as follows:

1. What are Frederick County health care providers' level of comfort in treating LGBT patients? (i.e. do biases impact providers while treating LGBT patients?)
2. What are Frederick County health care providers' level of confidence in treating LGBT patients? (i.e. how knowledgeable are providers about health care problems specific to the LGBT patients?)
3. What are health care practices' workplace policies in regard to LGBT health?

2.2 Instruments

The Frederick Center Healthcare Equality Index used quantitative methods through the use of survey to answer the research questions provided above. A survey instrument, facilitated through Survey Monkey, was created to collect participants' data. This instrument was developed by Kate Ericksen and Peter Brehm,

See Appendix 7.1 at the end of the report for the full survey instrument.

2.3 Sample

The survey was open to all health care providers, excluding dentists and mental health providers, in Frederick County. The sample was random, consisting of health care providers who volunteered to participate. The survey was advertised to employees in several health care establishments in Frederick County, including the Frederick County Health Department, Frederick Memorial Hospital, and Frederick County Public Schools, but it was open to providers practicing elsewhere as well. There was no necessary control group.

The sample size for this project is 108. Using the total population of Frederick County health care providers, 4,677³, this research has an 85% confidence level, and a 7% margin of error.

³ Data from US census data. See Section 6 References.

2.4 Data Analysis

This data was collected online. Tools provided by Survey Monkey were used to assist in the sorting of the data. The data was analysed by Kate Ericksen, and no statistical tests were used beyond generating the sample size.

2.5 Limitations

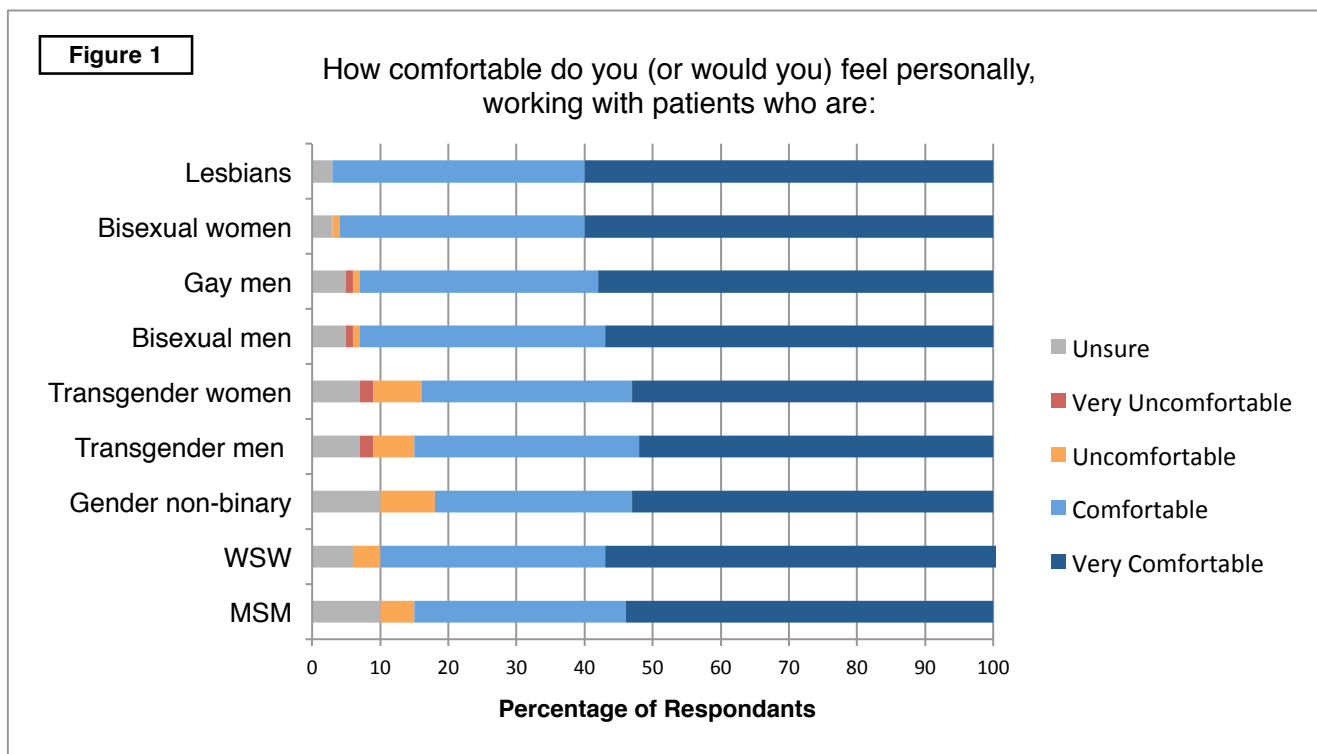
This project was limited in its ability to distribute the survey to every health care provider in Frederick County. The survey was only advertised in larger institutions that agreed to assist with the project: the Frederick County Health Department, Frederick Memorial Hospital, and Frederick County Public Schools. As such, the respondents are skewed to be from these institutions, and fewer practitioners in smaller practices are represented.

Although the survey was completely anonymous, participants may have not been truthful in their responses due to the sensitivity of the topic. Additionally, the data is self-reported, so unconscious biases may have interfered with respondents' own perceptions of their comfort and confidence in treating LGBT patients.

Lastly, due to the scope of the project, this report does not consider participants' differences in race, class, and other identity factors that significantly influence access to quality health care.

3 Results

3.1 Health care providers' level of *comfort* in treating LGBT patients (i.e. do biases impact providers' treatment of LGBT patients)



- In every category, over 80% of respondents indicated that they felt “comfortable” or “very comfortable” when treating patients with various LGBT identities.
- The categories of transgender women, transgender men, and gender non-binary people received the most responses of discomfort. Around 10% of respondents indicated that they felt “uncomfortable” or “very uncomfortable” working with transgender women, transgender men, and gender non-binary people.

Figure 2

How often have you...	Often	Sometimes	Rarely	Never	N/A*
Referred an LGB patient to another provider because you felt uncomfortable treating them	2%	0%	2%	72%	21%
Referred a transgender patient to another provider because you felt uncomfortable treating them	1%	0%	3%	66%	28%

*N/A was selected if provider had never treated a LGB or transgender patient

Figure 3

How comfortable do you feel asking about a patient's sexual orientation?

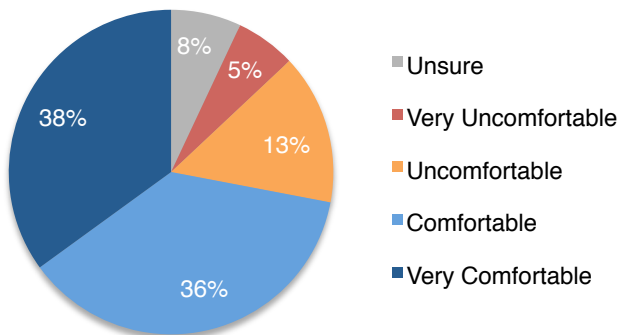
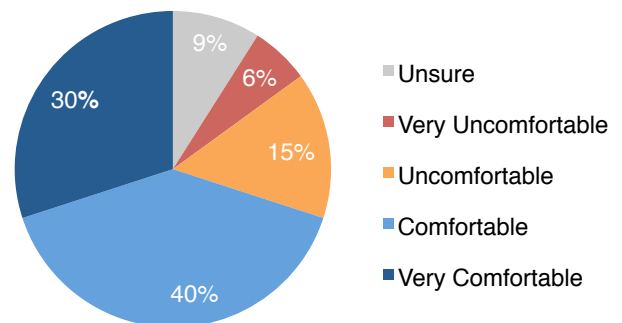


Figure 4

How comfortable do you feel asking about a patient's gender identity?



- 74% of respondents indicated that they felt “comfortable” or “very comfortable” asking about their patients’ sexual orientation
- 70% of respondents indicated that they felt “comfortable” or “very comfortable” asking about their patients’ gender identity

The following chart shows the data of respondents who indicated they were “comfortable” or “very comfortable” asking about patients’ sexual orientation and gender identity:

Figure 5

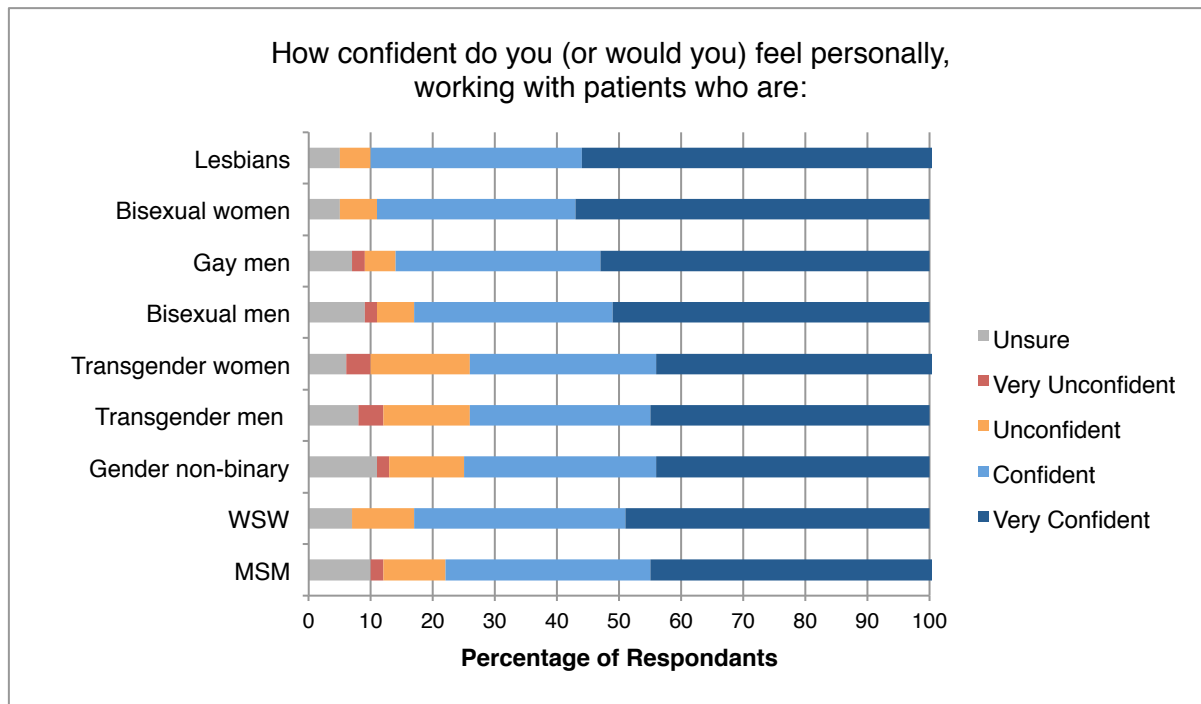
In the past year, how often have you...				
	Often	Sometimes	Rarely	Never
Asked patients about their sexual orientation	20%	36%	17%	26%
Asked patients about their gender identity	13%	17%	27%	42%

The following chart shows the data of respondents who indicated they were “uncomfortable” or “very uncomfortable” asking about patients’ sexual orientation and gender identity:

Figure 6

In the past year, how often have you...				
	Often	Sometimes	Rarely	Never
Asked patients about sexual orientation	0%	10%	19%	71%
Asked patients about gender identity	0%	0%	10%	90%

3.2 Health care providers' level of **confidence** in treating LGBT patients (i.e. how knowledgeable are providers about health care problems specific to the LGBT patients)



- In every category, more respondents reported feeling “unconfident” or “very unconfident” than “uncomfortable” or “very uncomfortable” in treating LGBT patients
- The categories of transgender women, transgender men, and gender non-binary people received the most responses of confidence. Around 1 in 5 respondents indicated that they felt “unconfident” or “very unconfident” working with transgender women, transgender men, and gender non-binary people.

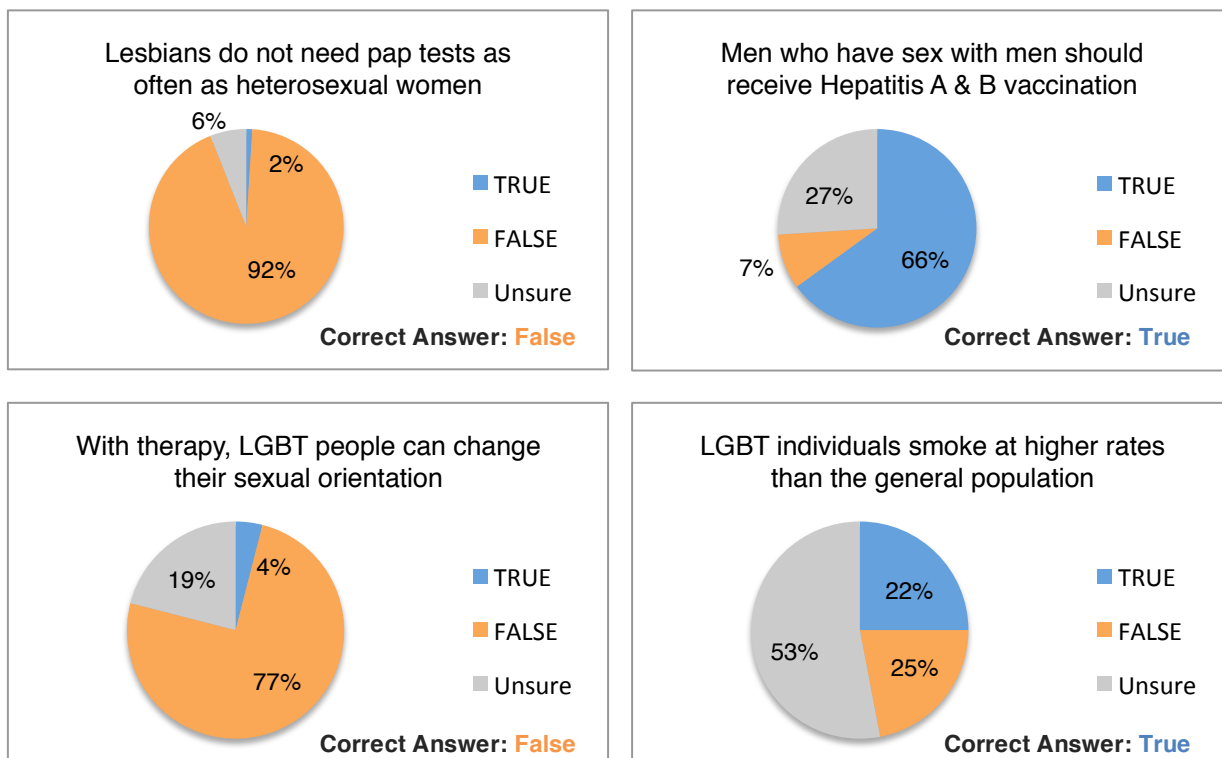
Figure 8

How often have you...	Often	Sometimes	Rarely	Never	N/A*
Referred an LGB patient to another provider because you felt that you did not have the confidence to treat them	1%	3%	1%	71%	21%
Referred a transgender patient to another provider because you felt that you did not have the confidence to treat them	1%	1%	1%	67%	28%

*N/A was selected if provider had never treated a LGB or transgender patient

The following T/F statements ask about proven facts. These were used to test respondents' knowledge on known LGBT health issues to see if their self-reporting of confidence on LGBT health issues was accurate.

Figure 9



3.3 Health care practices' workplace policies in regard to LGBT health

Figure 10

Do forms (written or electronic) ask for the patients'...	Yes	No	Unsure
Sexual Orientation	21%	60%	19%
Gender Identity	11%	50%	39%

Figure 11

Is there a written policy that prohibits patient discrimination on the basis of...	Yes	No	Unsure
Sexual Orientation	52%	12%	36%
Gender Identity	44%	12%	44%

Figure 12

Does your current practice setting provide...	Yes	No	Unsure
Staff training/in-service about LGBT health issues	23%	47%	29%
LGBT-specific cultural competency or sensitivity	24%	48%	28%

3.4 Additional comments on survey

An optional section at the end of the survey provided space for respondents to make additional comments. The following two comments show that some health care providers do not believe that health care disparities for LGBT populations is an issue that should be addressed.

- “It seems as though the [survey] questions were insinuating health care providers do not treat patients of the LGBT community equally”
- “We as a society have made things to be more than what they are. No one asks me the last time I slept with a male because I am heterosexual. Why should I ask anyone else who they sleep with and what gender they want to be”

4 Discussion

4.1 Health care providers' level of *comfort* in treating LGBT patients

According to data presented in Figure 1, overall, health care providers indicated that they felt comfortable in treating LGBT patients.

- For LGB identities, over 90% of respondents reported that they were “comfortable” or “very comfortable” in treating patients with these identities. There are negligible differences in providers’ levels of comfort between LGB identities; the percentages are about the same for each category (ex. there’s no strong discomfort towards bisexual men as opposed to lesbians).
- For transgender identities, however, there is a decrease in the response rates of comfort. Around 85% of respondents indicated that they were “comfortable” or “very comfortable” treating transgender men, transgender women, and gender non-binary patients. This is a drop of around 10% in comparison to LGB identities.

According to data presented in Figure 2, referring LGBT patients to other providers due to discomfort is rare. Only 4% of respondents had referred LGB clients and transgender clients to other providers in the past year.

Figures 3 and 4 provide data about providers’ comfort in asking for patients’ sexual orientation and gender identity specifically. There is a drop here in levels of comfort, as compared to providers’ overall comfort indicated in Figure 1. Only 74% of providers indicated that they were “comfortable” or “very comfortable” in asking about sexual orientation, and 70% indicated that they were “comfortable” or “very comfortable” in asking about gender identity. That leaves over a quarter of respondents indicating that they were either “uncomfortable,” “very uncomfortable,” or “unsure” in asking about patients’ sexual orientation or gender identity.

- Comfort does not necessarily translate to action. Providers who indicated they were “comfortable” or “very comfortable” in asking about patients’ sexual orientation/gender identity were grouped together (Figure 5). In this group, only 20% indicated that they “often” asked about sexual orientation. Over a quarter – 26% – indicated that they never asked patients about sexual orientation. The results are even lower when asking about gender identity. Out of this group, only 13% indicated that they “often” asked about gender identity, and 42% indicated that they “never” asked patients about gender identity.
- Providers who indicated they were “uncomfortable” or “very uncomfortable” in asking about patients’ sexual orientation/gender identity were also grouped together (Figure 6). Their responses show drastically lower rates. 0% of these providers indicated that they “often” asked patients’ about both sexual orientation and gender identity. 71% indicated that they “never” asked about sexual orientation, while 90% indicated that they “never” asked about gender identity.

- Providers who indicated that they were uncomfortable asking about sexual orientation/gender identity report that they overwhelmingly do *not* ask these questions to patients. Providers who indicated that they were comfortable asking about sexual orientation/gender identity ask these questions to patients at higher rates, but they could still be higher.

In this section, it is important to note that since participation in this survey was voluntary, it is probable that health care providers who were already comfortable with LGBT people made up a majority of the respondents. Although this survey was advertised as being open to all health care providers, those with negative or neutral attitudes toward the LGBT community may have chosen to avoid taking it altogether. Thus, it is likely that the reports on providers' comfort in treating LGBT patients are skewed to portray a population of health care providers that are more comfortable than the reality.

4.2 Health care providers' level of *confidence* in treating LGBT patients

According to data presented in Figure 7, overall, health care providers indicated that they felt confident in treating LGBT patients. However, there are lower rates of confidence than comfort across the board.

- For LGB identities, between 80% and 90% of respondents reported that they were “confident” or “very confident” in treating patients with these identities.
- Around 5% fewer respondents reported being “confident” or “very confident” in treating gay and bisexual men in comparison to lesbian and bisexual women.
- For transgender and non-binary identities, there is a decrease in the response rates of confidence. Around 75% of respondents indicated that they were “confident” or “very confident” in treating transgender and non-binary patients. Nearly a quarter of respondents do not have confidence in treating transgender and non-binary patients.

According to data presented in Figure 8, referring LGBT patients to other providers due to lack of confidence is rare. Only 5% of respondents had referred LGB clients and 3% had referred transgender clients to other providers in the past year.

Figure 9 displays responses to true/false statements. These were used to test respondents' knowledge on proven LGBT health facts to see if their self-reporting of confidence on LGBT health issues reflected their actual knowledge. These results indicate that despite a large indication of confidence from respondents, there is an inconsistency of knowledge on LGBT-specific health issues.

- For the “lesbians do not need pap tests as often as heterosexual women” question, a vast majority of respondents – 92% – answered true, the correct answer.

- However, only 66% knew that men who have sex with men should receive Hepatitis A & B vaccination.
- A very low percentage, only 22%, knew that LGBT individuals smoke at higher rates than the general population.
- 23% of respondents were either incorrect or unsure about the statement, “with therapy, LGBT people can change their sexual orientation” – meaning that nearly a quarter of respondents were uninformed about the dangers of conversion therapy for LGBT individuals.

4.3 Health care practices’ workplace policies in regard to LGBT health

Figure 10 displays data about whether Frederick County health care practices’ medical forms take information about patients’ sexual orientation and gender identity. As stated in HRC’s Health Equality Index, “to understand and address health care disparities in different populations, it is critical to collect and assess data on these populations.”⁴ Collecting information about sexual orientation and gender identity “opens opportunities to discuss health issues generally associated with LGBTQ patients such as appropriate preventative screenings, assessments of risk for sexually transmitted infections and HIV, and effective intervention for behavioural health concerns that may be related to experiences of anti-LGBTQ stigma.”

According to this data, most health care practices in Frederick County do not collect information on sexual orientation and gender identity, and therefore cannot fully address LGBT health care discrepancies.

- Only 21% of respondents indicated that their practice’s forms collect information on sexual orientation.
- Only 11% of respondents indicated that their practice’s forms collect information on gender identity.

Having written policies against patient discrimination on the basis of sexual orientation or gender identity ensures a safe environment for LGBT patients. Around half of respondents indicated that their workplaces do not have these policies.

- 52% of respondents indicated that their practice has a written policy against patient discrimination on the basis of sexual orientation.
- 44% of respondents indicated that their practice has a written policy against patient discrimination on the basis of gender identity.

⁴ Data from the “Healthcare Equality Index 2018.” See Section 6 References.

Trainings on LGBT health issues and trainings on how to interact with LGBT patients in an affirming manner help health care providers learn how to better treat their LGBT patients. A vast majority of practices do not provide these trainings.

- 23% indicated that their practice has staff training/in-service about LGBT health issues.
- 24% of respondents indicated that their practice has trainings on LGBT-specific cultural competency or sensitivity

4.4 Additional comments on survey

An optional section allowed respondents to make additional comments to the survey, providing further insight on the mindset of some health care providers in Frederick County. One respondent left a comment indicating that they do not believe that health care providers treat LGBT patients differently, and the other expressed that they do not believe that it is important to distinguish LGBT patients from other patients.

Additionally, providers may have opted to not take the survey due to the fact that they felt that LGBT health care was not a pressing issue. Health care providers with a lack of knowledge on LGBT health disparities are at risk of intentionally or unintentionally perpetuating them. These responses indicate that some health care providers in Frederick County are misinformed about health care disparities for LGBT populations.

5 Recommendations

Based on the results from the Frederick Center Healthcare Equality Index, the following recommendations are made.

1. Frederick County health care providers should partner with The Frederick Center to organize training sessions on the LGBT community, health disparities, and approaches that can be employed by the practice to affirm LGBT patients.
2. Frederick Memorial Hospital (FMH) should identify one or more of its affiliate practices to become a center of excellence in the treatment of transgender patients. FMH should make sure this practice receives not only the training outlined in Recommendation 1 but also training by medical professionals on the treatment of transgender patients. FMH should especially encourage their partners specializing in endocrinology to provide such care since there are currently no known endocrinologists in Frederick who provide hormone replacement therapy following World Professional Association for Transgender Health (WPATH)⁵ guidelines. This is an urgent need for the local trans community.
3. FMH should identify one or more practices to become a center of excellence in the treatment of LGB patients. FMH should make sure this practice receives not only the training outlined in Recommendation 2 but also training by medical professionals on the treatment of LGB patients, including PrEP.
4. All health care providers should be aware of and able to refer patients and patient families to the non-medical peer support programs operated by The Frederick Center.
5. The Frederick County Department of Health, Frederick Memorial Hospital, or both should undertake a campaign to encourage all medical providers to update policies and intake forms that consider and affirm LGBT people, and possibly include templates that these organizations can use.
6. Understanding that responses cannot be mandated, any subsequent HEI survey should be co-organized by and championed by FMH and its senior staff in order to improve the response rate.

⁵ See “World Professional Association for Transgender Health, Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People.” Section 6 References.

6 References

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“Healthcare Equality Index 2018.” Human Rights Campaign.

Available at: https://assets2.hrc.org/files/assets/resources/HEI-2018-FinalReport.pdf?_ga=2.159346362.1880162893.1524342600-569765457.1524342600

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Available at: www.lgbthealtheducation.org/wp-content/uploads/LGBTHealthDisparitiesMar2016.pdf

“World Professional Association for Transgender Health, Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People.” 2011. World Professional Association for Transgender Health.

Available at: <https://www.wpath.org/publications/soc>

7 Appendices

7.1 Frederick Center Healthcare Equality Index Survey Instrument (see next page)

The Frederick Center is a 501(c)(3) organization that serves the Lesbian, Gay, Bisexual, Transgender (LGBT) community and its allies. Its vision is to be the leading organization for LGBT resources and advocacy in central Maryland. Based on community feedback, this summer we are studying LGBT health care from the perspective of health care providers practicing in Frederick County.

This brief survey will help us understand health care providers' comfort and confidence in delivering health services to our LGBT population. Using this data, we can develop programs for health care providers to help them create affirming medical experiences and optimally serve the needs of their LGBT patients. This, in turn, will expand the pool of local medical services to LGBT community members who now are forced to travel to Baltimore and Washington, DC, for care as well as help address gaps in medical outcomes between straight and LGBT patients.

This survey is geared to capture individual responses from doctors, nurse practitioners, physician's assistants, nurses, and others who are practicing health care in Frederick County. We encourage you to complete the survey whether or not you currently care for LGBT patients. Additional comments are welcomed and appreciated. A few questions may be of a sensitive nature -- if you are not comfortable answering any particular items, just leave those blank. The responses to this survey are anonymous.

We welcome you to share this survey link with other health care professionals in your practice setting as well as with colleagues practicing in Frederick County who may not have received the survey.

Participants are invited to enter a drawing for a free pizza party for up to 10 people to be held at the conclusion of this project. If you wish to be included in the drawing, please provide your office phone number at the end of the survey. Thank you in advance for taking the time to complete this survey. We value your collaboration as we endeavor to make Frederick County a more affirming place.

Investigators:

The investigators for this survey are Peter Brehm and Kate Ericksen, working under The Frederick Center, Inc. a non-profit 501 (c)(3).

Support:

This study is funded by The Frederick Center, Inc.

Purpose:

To examine health care providers' comfort and confidence in caring for patients with diverse sexual orientations and gender identities, in order to better develop programs to address the needs of both LGBT patients and their health care providers.

Confidentiality:

Responses are completely confidential. No names will be recorded on the survey instrument or identified in any report of the survey results.

Benefits and Risks:

Participation will provide important information to health policy in Frederick County. A few questions may be of a sensitive nature. Participants should leave blank or indicate "unsure" for any questions they prefer not to answer.

Contact Information:

If you have any questions or concerns about this survey, please contact:

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Vocabulary

This section provides a dictionary of terms relevant to the LGBT community. Please refer to this section if you have any questions regarding vocabulary throughout the survey. (Definitions are abstracted from the [Human Rights Campaign](#) and [We Are Family](#))

For your convenience throughout the survey, [click here to open this page in a new tab](#)

Gay: A person who is emotionally, romantically or sexually attracted to members of the same gender.

Lesbian: A woman who is emotionally, romantically or sexually attracted to other women.

Bisexual: A person who is emotionally, romantically or sexually attracted to more than one sex or gender.

Transgender: A term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth (ie. someone who was assigned male at birth, but identifies and presents as a woman).

Sex: The genetic and anatomical characteristics with which people are born, typically labeled —male or —female.

Gender Identity: One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Gender Expression: The external appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

Gender Non-Binary: An umbrella term for people whose gender identity is different from the traditional gender categories (male or female).

Transition: The process through which transgender people begin to live as the gender with which they identify, rather than the one typically associated with their sex assigned at birth. Transitions may include any combination of physical, social, and medical processes. Medical transition may include medical components like hormone therapy and gender affirmation surgeries.

Gender Affirmation Surgery: The surgical procedure (or procedures) by which a transgender person's physical appearance and function of their existing sexual characteristics are altered to

resemble that socially associated with their identified gender.

Men who have sex with men (MSM): Used primarily in the health care field to classify men who identify as heterosexual, but engage in sexual activity with other men.

Women who have sex with women (WSW): Women who identify as heterosexual, but engage in sexual activity with other women.

Section 1. Frequency of Exposure to LGBT Patients

1. Please indicate the medical practice you currently work in:

- Pediatric medicine
- Adolescent medicine
- Family practice
- Internal Medicine
- Obstetrics/gynecology
- School-based health provider (including elementary, middle, high school, and college)

Other (please specify)

2. Please indicate your role as a health care provider:

- Doctor
- Medical Assistant
- Nurse
- Nurse Midwife
- Nurse Practitioner
- Physician's Assistant
- Others who fall under the umbrella of health care provider (please specify)

3. Typically, how many unique patients are seen by your practice monthly?

4. Please indicate whether you have ever served patients within the following categories:

	Yes	No	Unsure
Lesbians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bisexual women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bisexual men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender women (male-to-female)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender men (female-to-male)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender non-binary people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men who have sex with men but do not identify as gay or bisexual (MSM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women who have sex with women but do not identify as lesbian or bisexual (WSW)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 2. Specific Workplace Policies and Practices

5. In your current practice setting...

	Yes	No	Unsure
Do forms (written or electronic) ask for the patient's sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do forms have an option for same-sex couples to indicate their relationship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do forms have an option for transgender and non-binary people to identify their gender identity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If information about sexual orientation or gender identity or expression is collected, is it entered into the medical chart or electronic medical record?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there a written policy that prohibits patient discrimination on the basis of sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there a written policy that prohibits patient discrimination on the basis of gender identity or expression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there staff training/in-service about LGBT <i>health</i> issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has there been LGBT-specific <i>cultural competency or sensitivity</i> trainings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. In your current practice setting...

	Yes	No	Unsure	N/A
Does the practice provide HIV-specific testing and treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the practice prescribe HIV pre-exposure prophylaxis (PrEP) or HIV post-exposure prophylaxis (PEP)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the practice prescribe and/or monitor hormone therapy for transgender patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the practice have the knowledge and resources to refer transgender patients for gender affirmation surgery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 3. Personal Experiences, Views, and Knowledge (Comfort and Confidence)

7. How comfortable do you (or would you) feel *personally*...

	Very comfortable	Comfortable	Uncomfortable	Very uncomfortable	Unsure
Asking about a patient's sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking about a patient's gender identity or expression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How **comfortable** do you (or would you) feel *personally*, working with patients who are:

	Very comfortable	Comfortable	Uncomfortable	Very uncomfortable	Unsure
Lesbians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bisexual women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bisexual men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender women (male-to-female)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender men (female-to-male)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender non-binary people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men who have sex with men but do not identify as gay or bisexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women who have sex with women but do not identify as lesbian or bisexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How **confident** do you (or would you) feel personally, working with patients who are:

	Very confident	Confident	Unconfident	Very unconfident	Unsure
Lesbians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bisexual women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bisexual men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender women (male-to-female)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender men (female-to-male)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender non-binary people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men who have sex with men but do not identify as gay or bisexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women who have sex with women but do not identify as lesbian or bisexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 3. Personal Experiences, Views, and Knowledge (Comfort and Confidence)

10. In the past year, how often have you...

	Often	Sometimes	Rarely	Never	Unsure
Asked patients about their sexual orientation or identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asked patients about their gender identity or asked if they had questions about their gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asked permission before recording information about sexual orientation or gender identity or expression in a medical record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended LGBT-specific cultural competency or sensitivity trainings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribed HIV pre-exposure prophylaxis (PrEP) or HIV post-exposure prophylaxis (PEP) to a patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. In the past year, how often have you...

	Often	Sometimes	Rarely	Never	Unsure	N/A
Referred an LGB person to another provider because you felt uncomfortable treating them (select N/A if never treated an LGB patient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred an LGB person to another provider because you felt that you did not have the confidence to treat them (select N/A if never treated an LGB patient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred a transgender person to another provider because you felt uncomfortable treating them (select N/A if never treated a transgender patient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred a transgender person to another provider because you felt that you did not have the confidence to treat them (select N/A if never treated a transgender patient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribed and/or monitored hormone therapy for a transgender patient (select N/A if never treated a transgender patient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred a transgender patient for gender affirmation surgery (select N/A if never treated a transgender patient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asked LGBT patients if they had durable power of attorney documents (select N/A if never treated an LGBT patient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Indicate whether the following statements are true or false:

	True	False	Unsure
Lesbians do not need pap tests as often as heterosexual women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men who have sex with men should receive Hepatitis A & B vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBT individuals smoke at higher rates than the general population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBT adults have lower rates of depression and anxiety than the general population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bisexuality can be a stable sexual orientation across the lifespan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With therapy, LGBT people can change their sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking about a patient's sexual orientation is an invasion of privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking about a patient's gender identity or expression is an invasion of privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 4. Follow up

13. If you would like your office to be included in the free pizza lunch drawing, please tell us your main office phone number, which will be the unique code for your organization (this information will not be associated with your answers – your anonymity is ensured):

14. If you would like a copy of the report results, please write the email to which we should send this document (again, this information will not be associated with your answers – your anonymity is ensured):

15. If there are any questions or topics that you would like addressed during any training that results from this survey, please list them here:

16. Please provide any additional comments about the survey and its objectives. We gladly welcome your personal opinions: