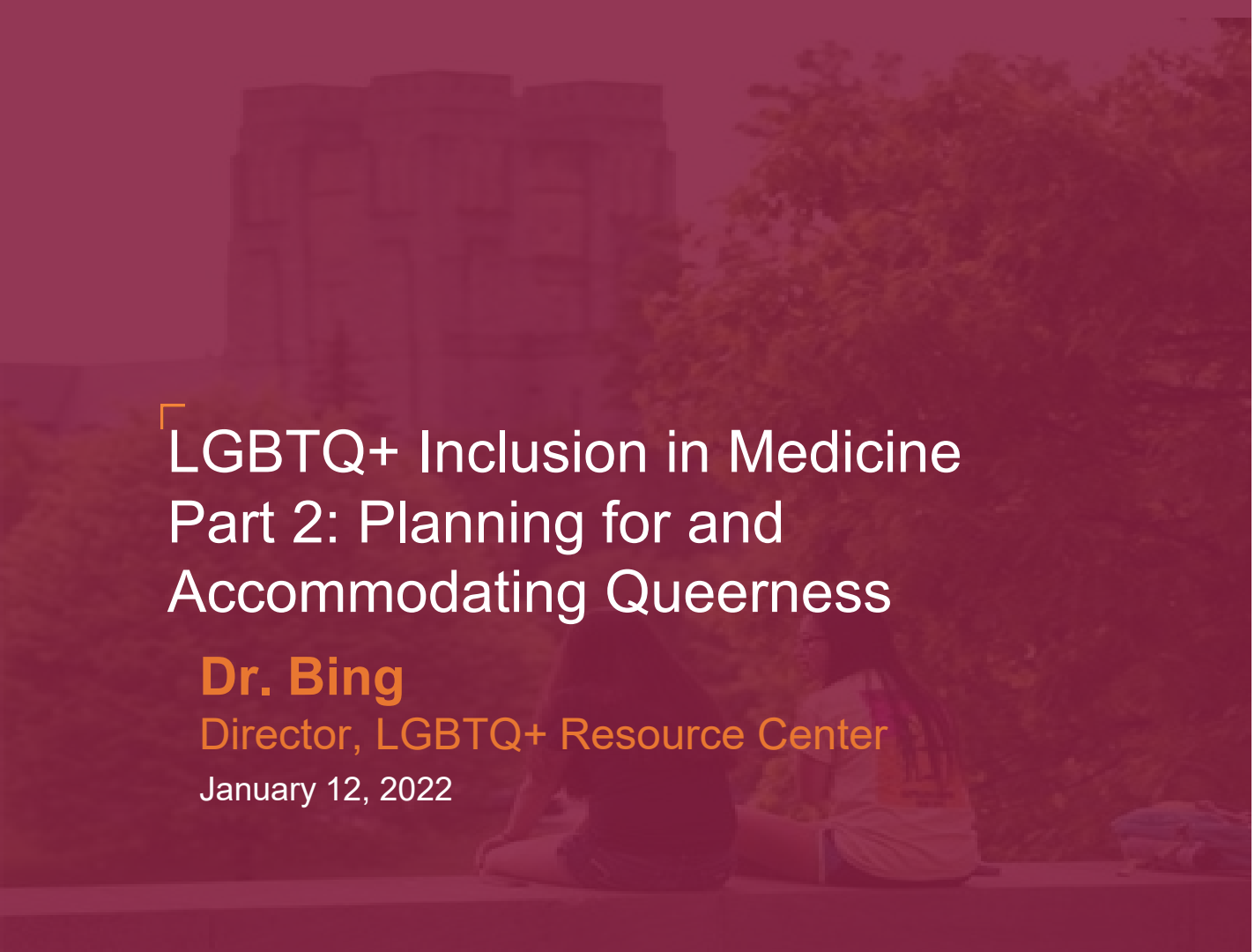


LGBTQ+ Inclusion in Medicine Part 2: Planning for and Accommodating Queerness

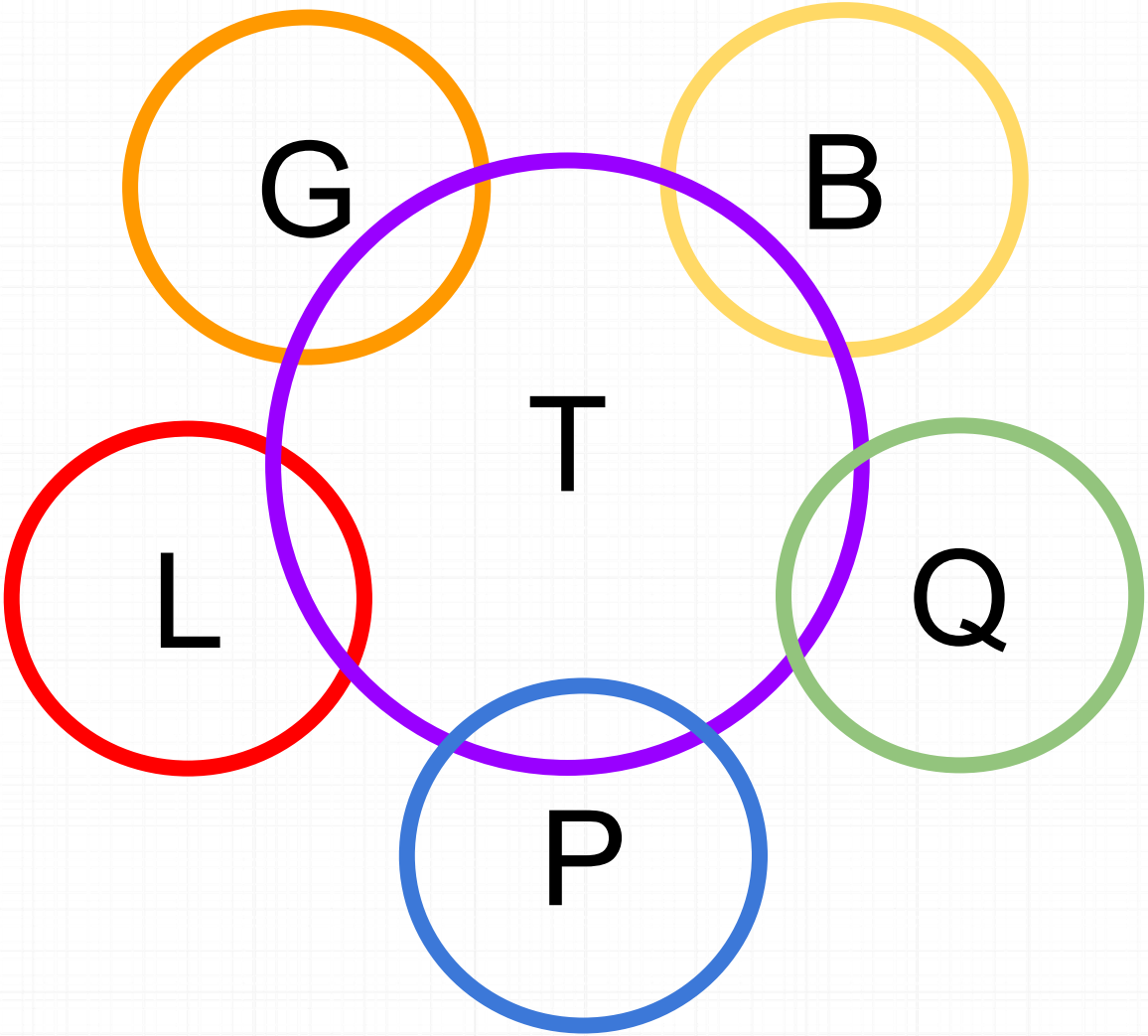
Dr. Bing

Director, LGBTQ+ Resource Center

January 12, 2022

VIRGINIA TECH™


QUEER
LGB
Sexualities
T
Genders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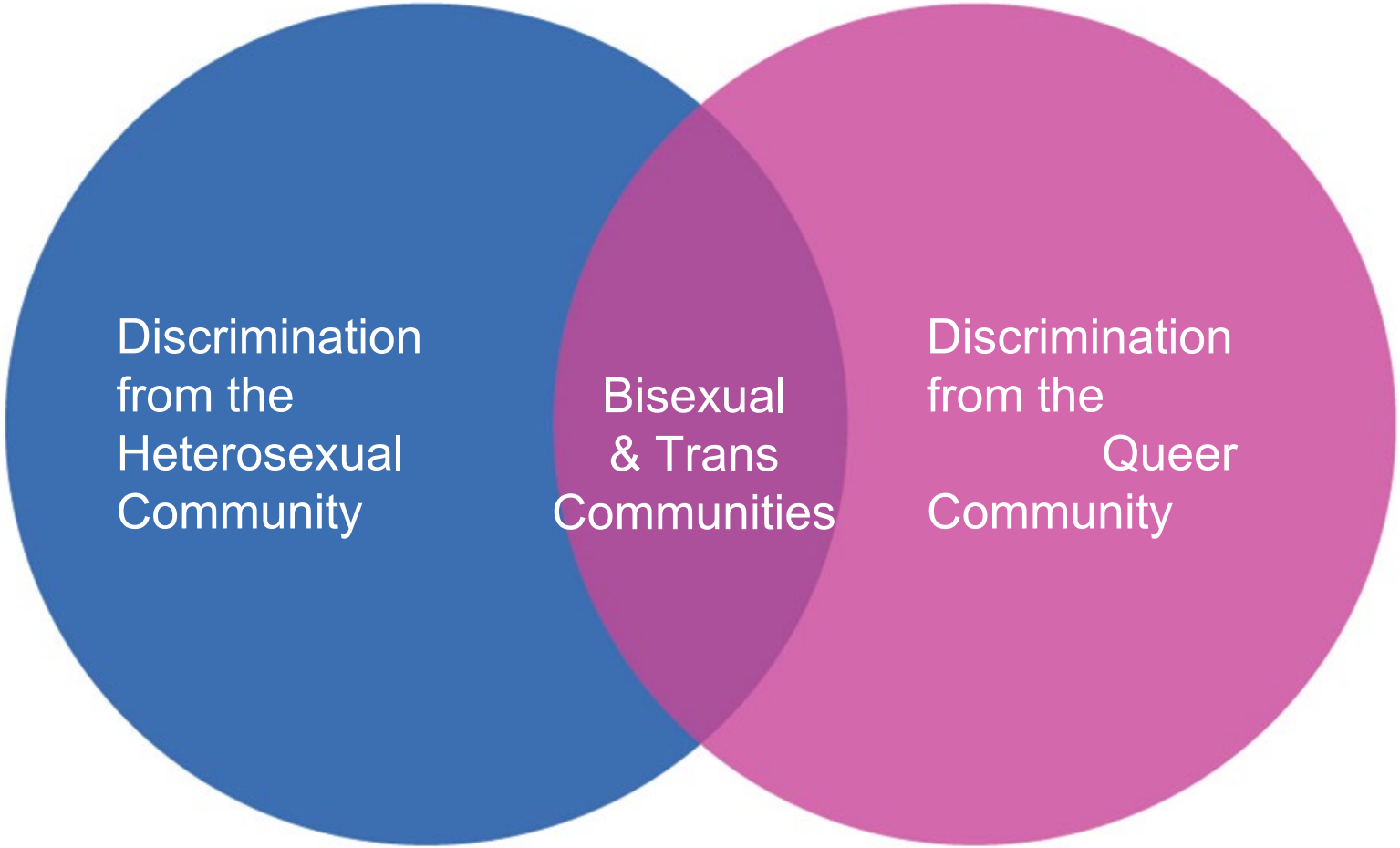
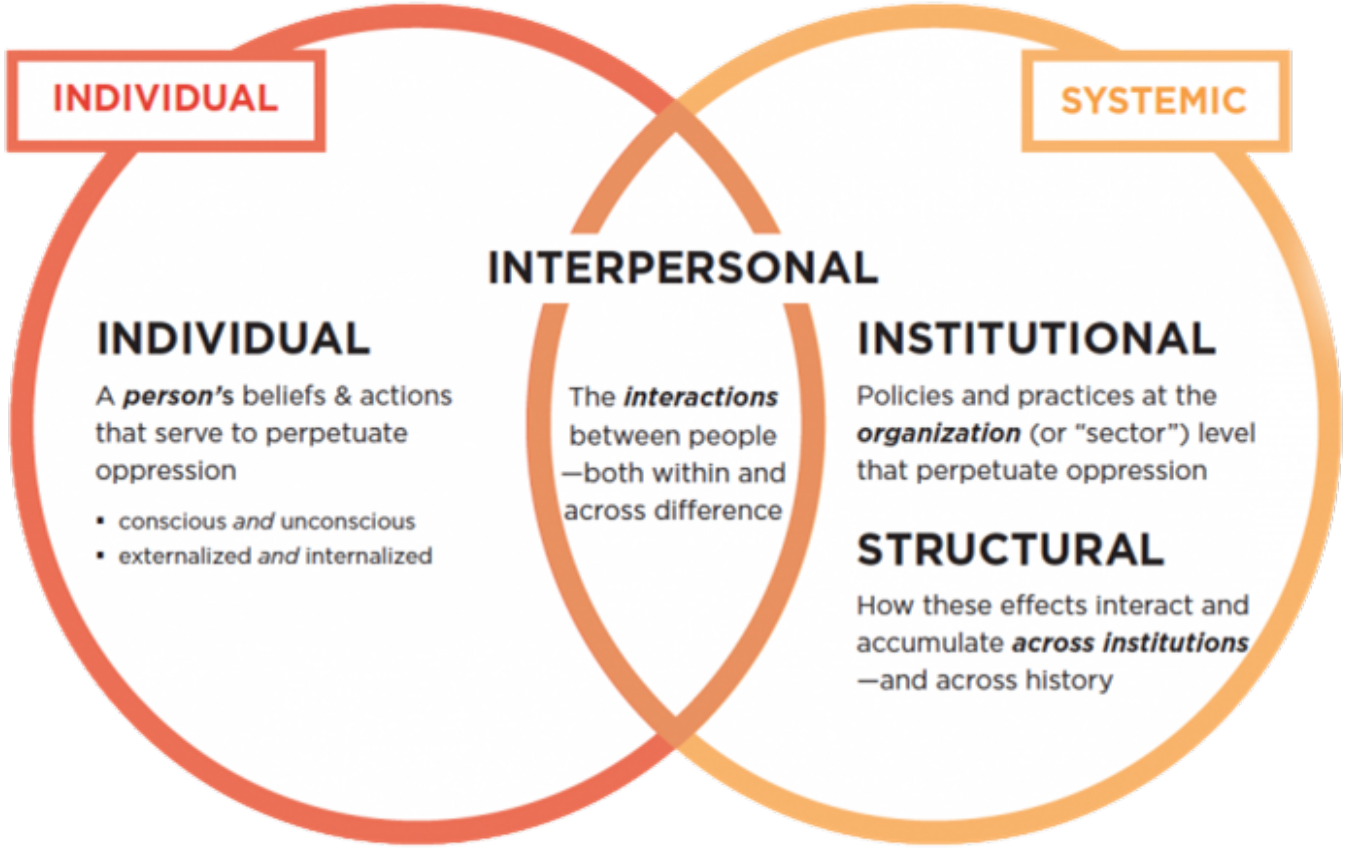

Discrimination from the Heterosexual Community
Bisexual & Trans Communities
Discrimination from the Queer Community



The Lens of Systemic Oppression

Systemic oppression manifests on the individual, the interpersonal, the institutional, and the structural level. Using the Lens of Systemic Oppression can help us to think critically about our decisions and increase the predictability that our actions will lead to more equitable outcomes.

NATIONAL EQUITY PROJECT

Meyer's minority stress theory suggests that sexual minorities experience distinct and chronic stressors that are related to their stigmatized sexual orientation and gender identities. This stigmatization includes victimization, prejudice and discrimination. Having to experience continuous discrimination, rejection, harassment and oppression can lead to the feeling of stigmatization.

This stigmatization and prejudice places LGBTQ+ patients at risk for developing a mental health disorder and subsequent health disparities. Studies show that LGBTQ+ individuals are at greater risk for poor mental health across adolescent and adulthood years. LGBTQ+ youth experience elevated rates of mood disorders and depression.

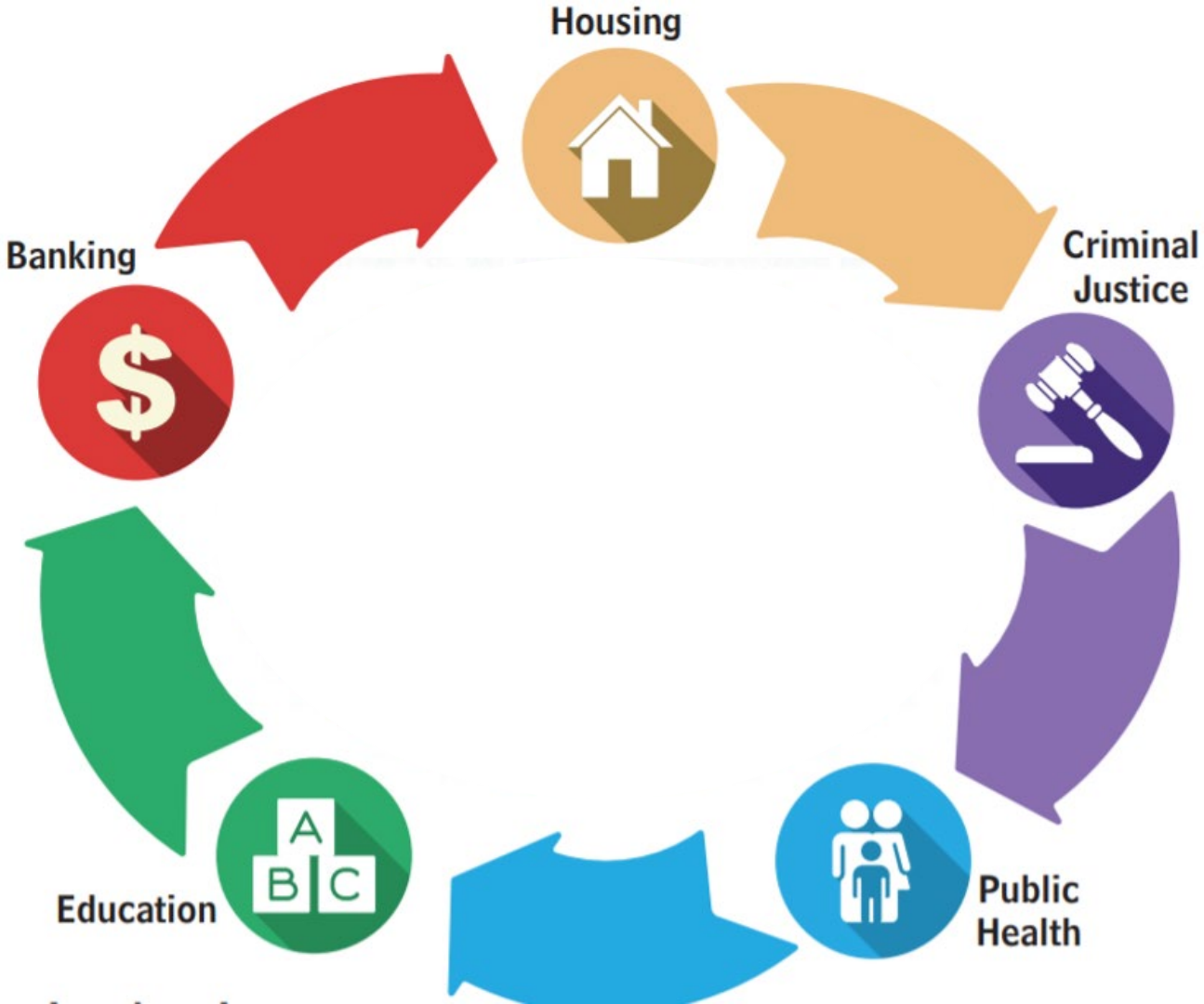
LGBTQ+ individuals also report a higher rate of:

- post-traumatic stress disorder,
- anxiety disorders
- alcohol use and abuse

than cisgender counterparts.

In LGBTQ+ adults, studies also demonstrate disproportionate rates of mental health symptomology due to stigmatization that occurred during adolescence.

https://www.nata.org/blog/elizabeth-quinn/minority-stress-and-lgbtq-patients%E2%80%99-mental-health


Housing
Criminal Justice
Public Health
Education
Banking

Access

Finding a Care Provider...

- Within your region
- In your network
- Who can provide gender affirming care
- Who is LGBQ+ knowledgeable
- Whose office is welcoming of LGBTQ+ persons
    - Neutral Environment
    - Inclusive of chosen names
    - Asks for pronouns

Comfort

Disclosing your identity...

- Is there an opportunity?
- How do they respond?
- Do you have to tell them?

Working with the care provider...

- Do they treat me differently now?
- Do they believe me when I say...
- Do they use affirming language?
- Will they try and stop me?

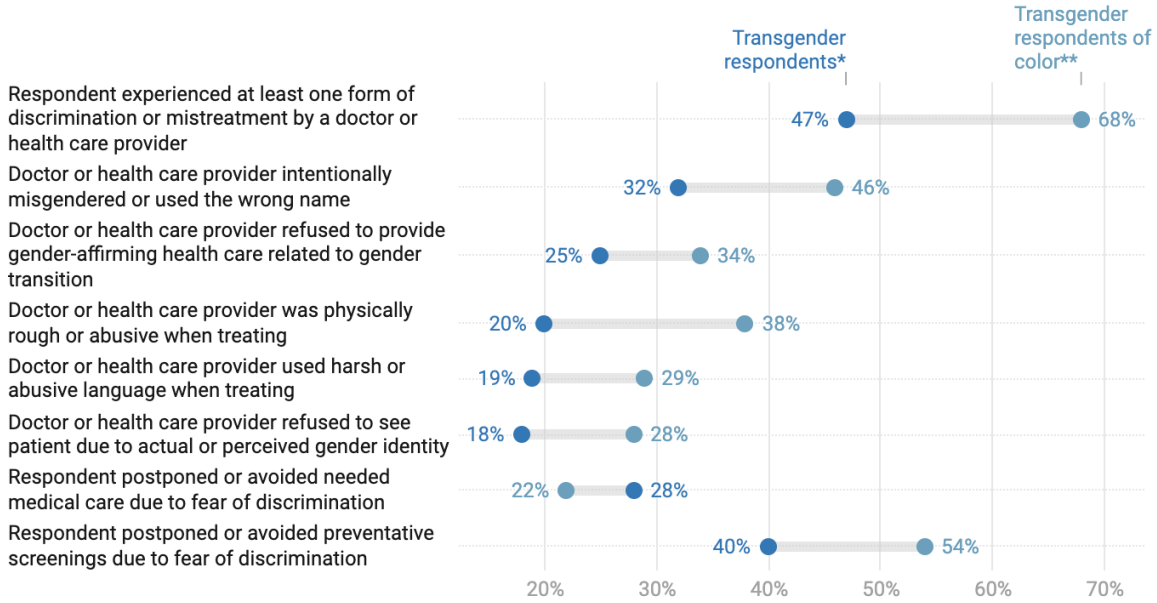
https://assets2.hrc.org/files/assets/resources/HRC-BiHealthBrief.pdf

Key data points from CAP's nationally representative survey of LGBTQI+ adults conducted in 2020 include the following findings, which are also displayed in Figure 1:

- 28 percent of transgender respondents reported postponing or avoiding necessary medical care in the year prior to CAP's survey for fear of experiencing discrimination, including 22 percent of transgender respondents of color.
- 40 percent of transgender respondents reported postponing or avoiding getting preventive screenings in the year prior to CAP's survey due to discrimination, including 54 percent of transgender people of color.
- Nearly 1 in 2 transgender respondents, including 68 percent of transgender respondents of color, reported experiencing some form of discrimination or mistreatment at the hands of a health provider in the year prior to CAP's survey, including care refusal, misgendering, and verbal or physical abuse.
- One in 3 transgender respondents reported having to teach their doctor about transgender people in order to receive appropriate care in the year prior to CAP's survey.

Nearly half of transgender adults report experiencing mistreatment or discrimination with a health provider

Shares of transgender adults who reported experiences of discrimination or mistreatment by health providers in the year prior to CAP's survey, 2020



** The statistics for transgender individuals include nonbinary, gender-nonconforming, genderqueer, and agender respondents.*
*** For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals as well as those identifying as "other, non-Hispanic."*

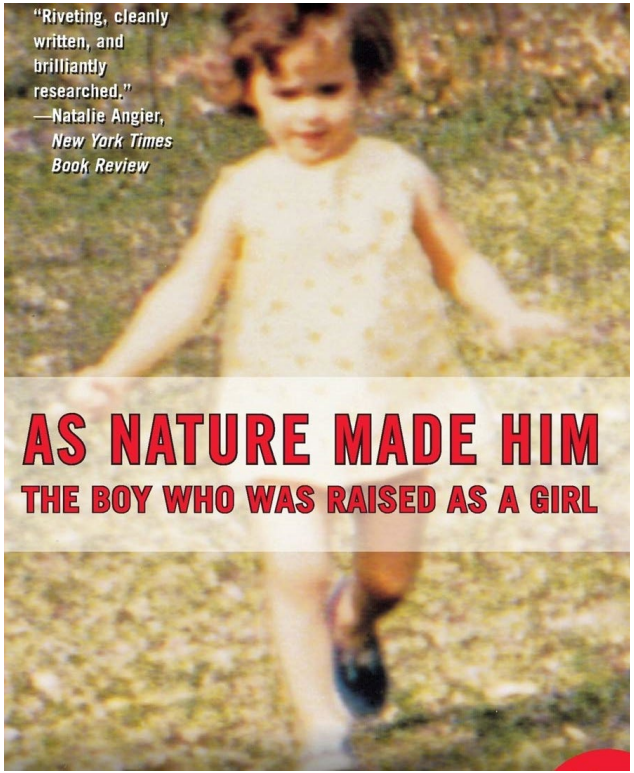
https://www.americanprogress.org/article/fact-sheet-protecting-advancing-health-care-transgender-adult-communities/

History

Medical professional have historically tried to “fix’

- Homosexuals
- Asexuals
- Transgender folks
- Intersex people

Or have used our bodies for experiments and seen as oddities.



[Health]Care

- What must I do to be eligible for:
  - Hormone therapy
  - Gender-affirming surgeries
- What is included in my plan?
  - Laser hair removal?
  - Facial feminization?
- What if the best doctor isn't in my network?

Quality health plans & benefits
Healthier living
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Intelligent solutions

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Aetna Student Health
Plan Design and Benefits Summary

Preferred Provider Organization (PPO)

Virginia Tech

VirginiaTech
Invent the Future®

Policy Year: 2021–2022
Policy Number: 474968
www.aetnastudenthealth.com
(866) 577-7027

Eligible health services	Tier I Preferred Care Coverage with Referral	Tier II Preferred Care Coverage without Referral	Tier III Non-Preferred Care Coverage
Gender affirming treatment			
Surgical, hormone replacement therapy, and counseling treatment* **Pre-certification needed for some services. See important note below.*	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received

***Important Note**: Just log into your secure website at **www.aetnastudenthealth.com** for detailed information about this covered benefit, including eligibility requirements in Aetna's clinical policy bulletin #0615. You can also call *Member Services* at the toll-free number on the back of your ID card.

All other cosmetic services and supplies not listed under eligible health services above are not covered under this benefit. This includes, but is not limited to the following:

- Rhinoplasty
- Face-lifting
- Lip enhancement
- Facial bone reduction
- Blepharoplasty
- Liposuction of the waist (body contouring)
- Reduction thyroid chondroplasty (tracheal shave)
- Nipple reconstruction
- Hair removal (including electrolysis of face and neck)
- Voice modification surgery (laryngoplasty or shortening of the vocal cords), and skin resurfacing, which are used in feminization
- Voice and communication therapy
- Chest binders
- Chin implants, nose implants, and lip reduction, which are used to assist masculinization, are considered cosmetic

What types of services and supplies require pre-certification?

Pre-certification is required for the following types of services and supplies:

Inpatient services and supplies	Outpatient services and supplies
Gender reassignment surgery	Applied behavior analysis
Obesity (bariatric) surgery	Certain **prescription drugs** and devices*
Stays in a **hospice** facility	Complex imaging
Stays in a **hospital**	**Cosmetic** and reconstructive **surgery**
Stays in a **rehabilitation facility**	Emergency transportation by airplane
Stays in a **residential treatment facility** for treatment of **mental disorders** and **substance abuse**	Gender reassignment surgery
Stays in a **skilled nursing facility**	Home health care
	Hospice services
	Intensive outpatient program (IOP) – **mental disorder** and **substance abuse** diagnoses
	Kidney dialysis
	Knee **surgery**
	Medical **injectable drugs**, (immunoglobulins, growth hormones, multiple sclerosis medications, osteoporosis medications, botox, hepatitis C medications)*
	Outpatient back **surgery** not performed in a **physician's** office
	Partial hospitalization treatment – **mental disorder** and **substance abuse** diagnoses
	Private duty nursing services
	Psychological testing/neuropsychological testing
	Sleep studies
	Transcranial magnetic stimulation (TMS)
	Wrist **surgery**

For a current listing of the prescription drugs and medical injectable drugs that require pre-certification, contact Member Services by calling the toll-free number on your ID card in the How to contact us for help section or by logging onto the Aetna website at **www.aetnastudenthealth.com.*

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Policy

Aetna considers gender affirming surgery medically necessary when all of the following criteria are met:

I. Requirements for breast removal:

A. Single letter of referral from a qualified mental health professional (see Appendix); *and*
B. Persistent, well-documented gender dysphoria (see Appendix); *and*
C. Capacity to make a fully informed decision and to consent for treatment; *and*
D. For members less than 18 years of age, completion of one year of testosterone treatment; *and*
E. If significant medical or mental health concerns are present, they must be reasonably well controlled.

Note: A trial of hormone therapy is not a pre-requisite to qualifying for a mastectomy in adults.

III. Requirements for gonadectomy (hysterectomy and oophorectomy or orchiectomy):

A. Two referral letters from qualified mental health professionals, one in a purely evaluative role (see appendix); *and*
B. Persistent, well-documented gender dysphoria (see Appendix); *and*
C. Capacity to make a fully informed decision and to consent for treatment; *and*
D. Age 18 years or older; *and*
E. If significant medical or mental health concerns are present, they must be reasonably well controlled; *and*
F. Twelve months of continuous hormone therapy as appropriate to the member's gender goals (unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones).

IV. Requirements for genital reconstructive surgery (i.e., vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, placement of a testicular prosthesis and erectile prosthesis, penectomy, vaginoplasty, labiaplasty, and clitoroplasty)

A. Two referral letters from qualified mental health professionals, one in a purely evaluative role (see appendix); *and*
B. Persistent, well-documented gender dysphoria (see Appendix); *and*
C. Capacity to make a fully informed decision and to consent for treatment; *and*
D. Age 18 years and older; *and*
E. If significant medical or mental health concerns are present, they must be reasonably well controlled; *and*
F. Twelve months of continuous hormone therapy as appropriate to the member's gender goals (unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones); *and*
G. Twelve months of living in a gender role that is congruent with their gender identity (real life experience).

By focusing so intensely on the transsexual's ability to "pass" and conform to oppositional sexist notions of gender, the gatekeepers reduced the issue of relieving trans people's gender dissonance to a secondary, if not marginal, concern. For example, prominent and frequently cited research articles that at tempted to assess the efficacy of sex reassignment often relied on factors designed to measure the transsexual's ability to "pass," without considering whether or not transitioning improved the emotional well being of the trans person. The tendency to dismiss the profound pain associated with gender dissonance can also be found in the countless condescending remarks that appear in research articles referring to transsexuals as being "impatient" and characterizing their desire for sex reassignment as "obsessive/compulsive."

This insensitivity toward trans people's pain indicates that the gatekeepers were far more concerned with protecting the cissexual world from the existence of transsexuality than they were with treating trans people's gender dissonance.

Julia Serano *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity*

CONSORTIUM
OF HIGHER EDUCATION
LGBT RESOURCE PROFESSIONALS

Suggested Best Practices for Supporting Trans Students*

Developed by the Consortium's Trans* Policy Working Group

Consortium of Higher Education LGBT Resource Professionals

Recommendations Related to your facility:

- Create a fair equitable process for hiring, training, and maintaining trans*-identified and trans*-knowledgeable facilities staff members.
- Have all facilities staff, including patient staff members, attend a trans*-focused ally training. (If such a training is not provided in your area, work with trans* advocates to develop one).
- Have a policy requiring at least one gender-inclusive restroom (e.g., a single-user,
- lockable rest room that is labeled “all gender bathroom” or simply “bathroom”) in all newly constructed or significantly renovated buildings, including residence halls.
- Where allowed by legal codes, change single-stall men’s and women’s rest rooms into gender-inclusive facilities in all buildings.
- Aim to have gender-inclusive restrooms in at least half of the buildings on campus.
- For gender-inclusive bathrooms, use a sign that avoids the male and female stick figures.
- Have an online list/map of gender-inclusive restrooms.
- Have an inclusive, written bathroom policy that states that “individuals should use bathrooms that correspond to their sex or gender identity, depending on which option they feel is safer, or utilize bathrooms that are designated gender neutral/gender-inclusive.”
- Have an easily accessible web page as part of the facilities site that explains the institution’s facilities policies related to gender identity and that provides the contact information for a facilities official who can be the point person for these policies.
- Create private changing facilities and single-person showers when buildings are constructed or renovated.

Recommendations Related to Health Providers:

- Enable all patients to self-identify their gender on the intake form.
- Suggested wording:
- Gender Identity: _____ or, when such an open-ended question is not possible: Gender Identity (choose all that apply) __ woman __ man __ trans* or transgender (please specify): _____ __ another identity (please specify): _____
- Enable patients to indicate the name they use, and not just their legal name, on the
- intake form and use this chosen name when calling patients in for appointments.
- Have prescriptions and lab orders written in such a way that the name a patient uses is called out at the pharmacy and lab.
- Cover hormones and gender-affirming surgeries for patients who are transitioning under patient health insurance.
- Train physicians so that they can initiate hormone treatment, write prescriptions for hormones, and monitor hormone levels for transitioning patients.
- Hold a regular trans* health clinic to provide trans*-specific health care services.
- Include clear, complete information about accessing trans*-related health care services on websites and in health center literature.
- Appoint a patient advocate or have a visible procedure for trans* patients (as well as other patients) to report concerns and instances of poor treatment.

Recommendations Related to Counseling Providers:

- Develop and publicize a list of area therapists who can provide trans*-supportive gender therapy for patients who are transitioning or who are struggling with their gender identity.
- Cover the requisite therapy for patients who are transitioning under patient health insurance.
- Have at least one Counseling Center therapist who has the training and experience to be able to write letters for transitioning patients to access hormones.
- Offer a support group for trans* and gender-nonconforming patients.
- Have a gender-inclusive bathroom (e.g., a single-user, lockable rest room that is labeled “all gender bathroom” or simply “bathroom”) available in the Counseling Center.
- Appoint a client advocate or have a visible procedure for trans* patients (as well as other patients) to report concerns and instances of poor treatment.

LGBTQ+ RESOURCE CENTER

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