

LGBTQIA+ Healthcare at UNC

Acknowledgments

Moving
Forward

The
Project

Background



Background



Positionality

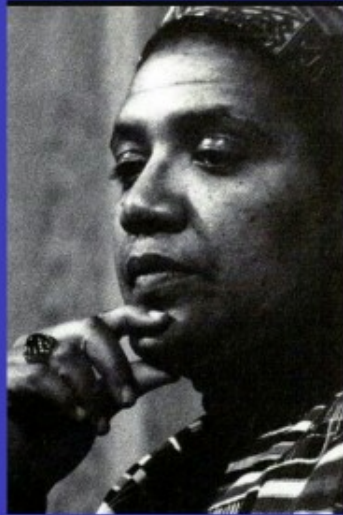
Intersectionality

Definitions

Positionality



Intersectionality



"I am not free while
any woman is unfree,
even when her shackles
are very different
from my own."

— Audre Lorde

www.womankind.org.uk

Definitions

- **Sexuality:** someone's identity as it pertains to who they are attracted to, romantically and/or sexually
- **Gender identity:** A person's gender as defined by themselves, which may or may not correspond to the gender assigned at birth
- **Sex:** A way to categorize people based on their genitalia, chromosomes, and physical features. Typically this system includes only two categories – male and female. Sex is usually assigned at birth but is ascribed gendered meanings by society that are expected to maintain throughout life.
- **Intersex:** a category of sex that includes people who do not fit into either the "female" or "male" categories. Intersex people have an atypical sexual development and/or combination of genitalia, chromosomes, and physical features.
- **Queer:** an umbrella term meaning any person who does not identify as straight, whether they identify as gay, lesbian, queer, bisexual, pansexual, etc.
- **Trans/Transgender:** A gender status in which a person's gender identity is not the same as the gender they were assigned at birth.
- **Cis/Cisgender:** A gender status in which a person's gender identity is the same as the gender they were assigned at birth.
- **Nonbinary:** A gender that falls outside the traditional gender binary of woman and man. For example, agender, genderfluid, etc.

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Goals of the Project:

1. To conduct a qualitative and quantitative analysis of the quality of healthcare provided by UNC-affiliated medical professionals to queer and trans patients across the state.
2. To better understand the needs of queer and trans patients in the UNC system.
3. To better understand the gaps in understanding, comfort, and capability of UNC-affiliated doctors in being able to provide quality care to queer and trans patients.
4. To qualitatively assess the needs of queer and trans patients with multiply marginalized identities, such as those who are poor, of color, disabled, uninsured, not English speakers, intersex, etc. and the resources and education lacking in their providers in order to meet their needs.
5. To assess the implementation of trauma-informed care provided by UNC-affiliated medical providers.
6. To make educated and evidence-based recommendations to administrators at UNC for next steps in improving the experiences of queer and trans patients in the state-wide UNC medical system.

Patient
Interviews

In-Clinic
Observations

Physician
Survey

Patient Interviews

One-on-One interviews with patients who were either referred to me by the physicians I shadowed, or patients I found through community groups.

- 7 interviews conducted, one with a couple (8 people total)
- 4 trans and/or nonbinary interviewees
- 1 person of color
- 4 interviewees with disability or chronic illness that I am aware of
- 4 with histories of trauma that I am aware of

Questions

Themes

Stories

Questions

1. Please tell me about your experiences in the UNC healthcare system.
2. What are some things that your physicians, nurses, clinic receptionists, etc. have done well?
3. What do you think your physicians, nurses, clinic receptionists, etc. need in order to serve you better?
4. Other thoughts, questions, or concerns?

Themes

1. Respect
2. Language: names, pronouns, etc.
3. Consent and trauma-informed care
4. Documentation and forms
5. Money
6. Education
7. Patient advocates
8. Access

Stories

"On a basic human level, I don't think it's possible for my white healthcare providers to empathize with me. It would be particularly helpful to me to have mental healthcare providers who are queer (or queer-aligned) people of color. I have to educate them from square one about the difference between gender and sex. And then I also have to educate them about race and multiraciality, and how I can't divorce that from being queer--they go hand in hand. Trying to explain that to people who aren't on the same level is a pretty big hindrance to getting the kind of healthcare that I need."

In-Clinic Observations

- 1 hospital-based urology clinic
- 1 hospital-based obgyn clinic
- 2 rural primary care clinics
- 2 suburban/urban geriatrics clinics
- 9 physicians total
- 1 person of color
- no queer/trans/intersex physicians that I know of

Physician
Interactions

Physical
Space

Intake
Forms

Physician Interactions

Looking for:

- Trauma-informed, consent-based physical examinations
- Unassuming, open-ended sexual and social histories
- Patience, listening, and taking patients seriously
- Language used to refer to gender, partners, pronouns, body parts, etc.
- My own pronouns and gender

Physical Space

Looking for:

- Gender neutral bathrooms
- Gendered decorations/color schemes
- Educational materials

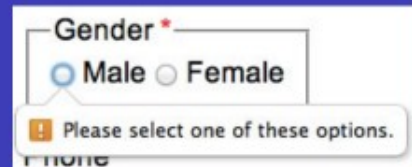


**GENDER NEUTRAL
RESTROOM**

Intake Forms

Looking for:

- Name
- Sex/gender
- Mother/Father
- Brother/Sister
- Gendered past medical history
- Marital status



A screenshot of a web form for gender selection. The label "Gender" is followed by a red asterisk. Below it are two radio buttons: "Male" (which is selected) and "Female". A tooltip message with an exclamation mark icon says "Please select one of these options." Below the form, the word "Phone" is partially visible.

Physician Survey

- 199 respondents
- Sent out to the heads of all the departments of the UNC Hospital for dispersement
- Sent out to listservs of physicians who precept for medical students outside of the hospital, ie through CBLC or PCC Clinical Week

Demographics

Self-
Assessment

Current
Protocols

Needs

Demographics

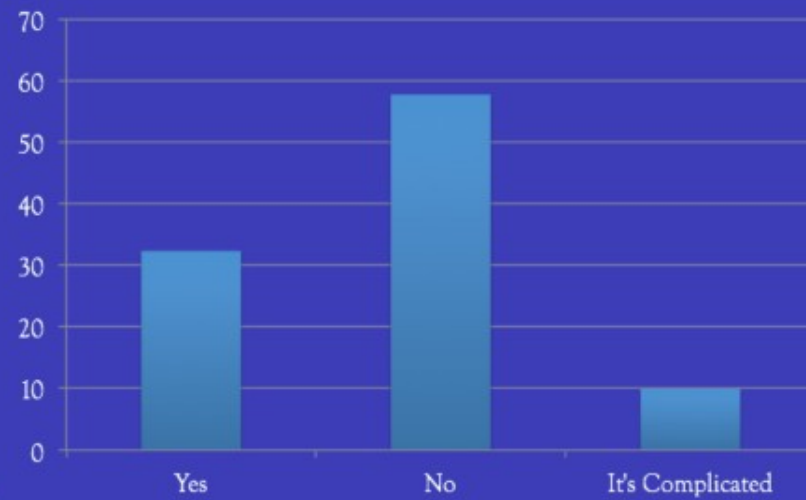
Who are the providers, and who are they serving?

Are you from North Carolina?

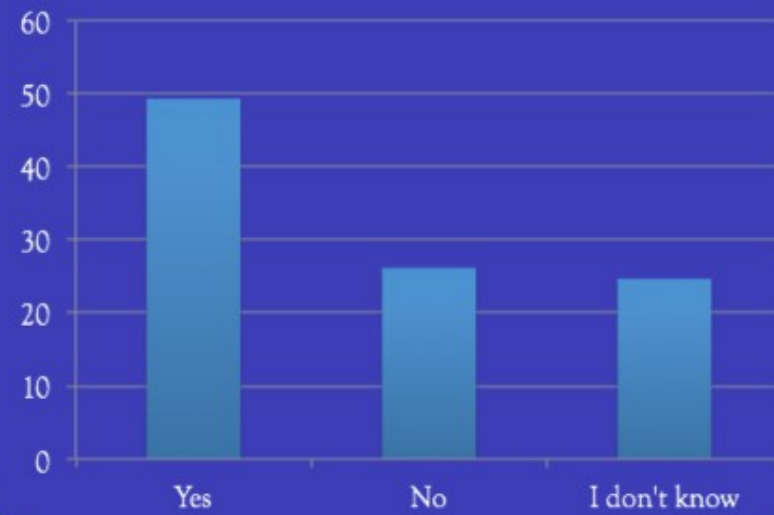
To the best of your knowledge, are you and/or any of your clin...

Do you, to the best of your knowledge, have queer, trans, ...

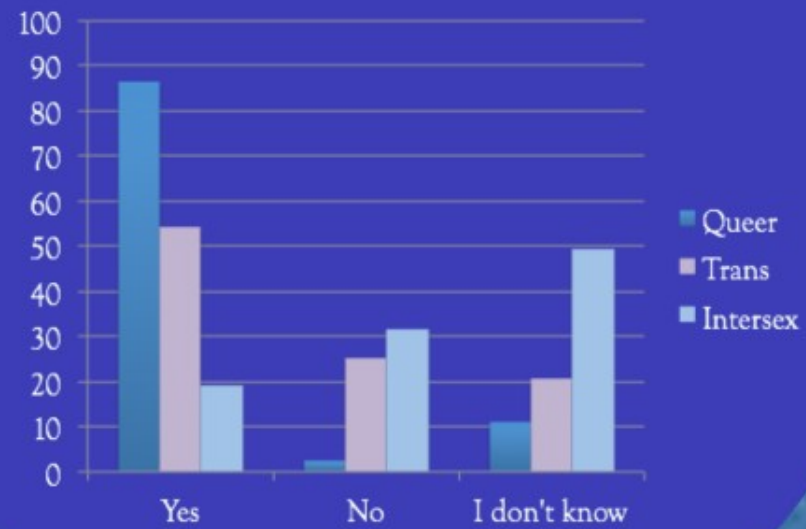
Are you from
North Carolina?



To the best of your knowledge, are you
and/or any of your clinic staff or
providers queer, trans, or intersex?



Do you, to the best of your knowledge, have queer, trans, or intersex patients?



Self-Assessment

What do providers think they are doing well, and what do they think they need support in? How do they think they are meeting patients' needs?

Do you feel you have a strong understanding of what que...

How would you rate your capabilities, overall, ...

How would you rate your capabilities, overall, ...

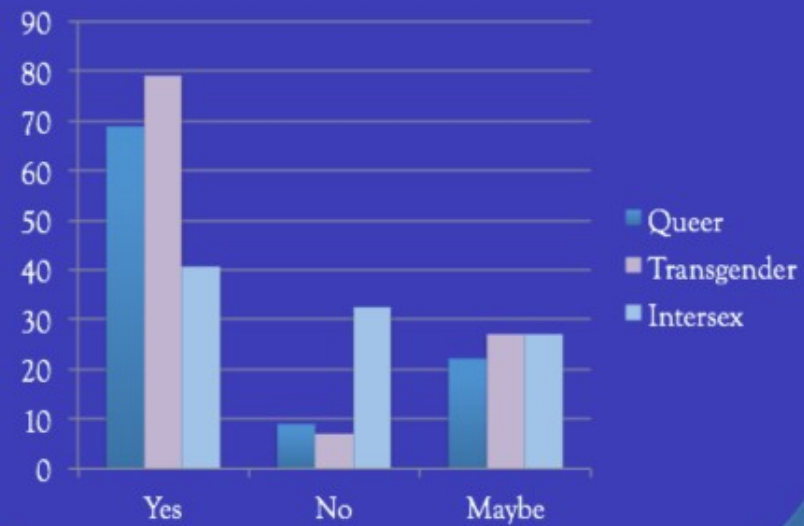
How would you rate your capabilities, overall, ...

How confident are you in your abilities to care for a queer, tra...

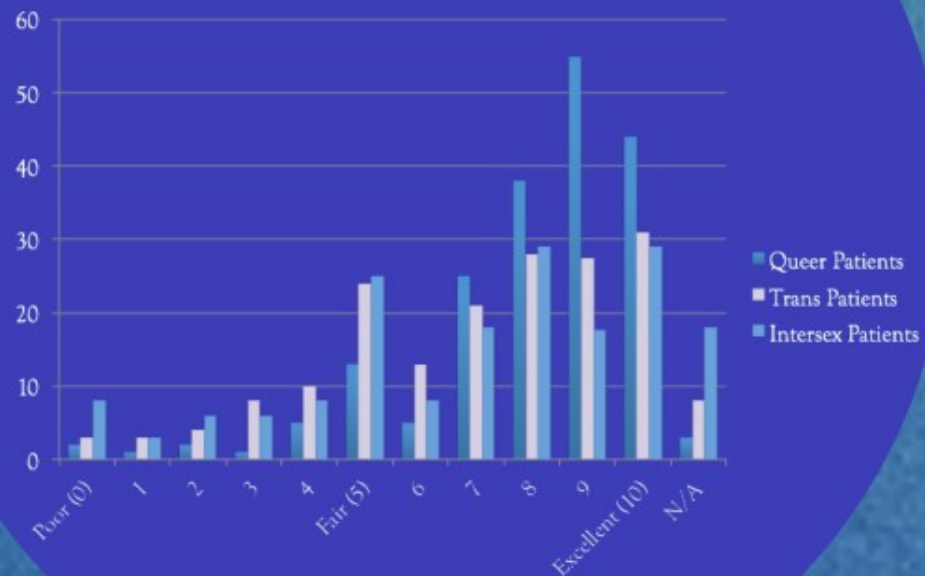
What are your strengths?

What are your weaknesses?

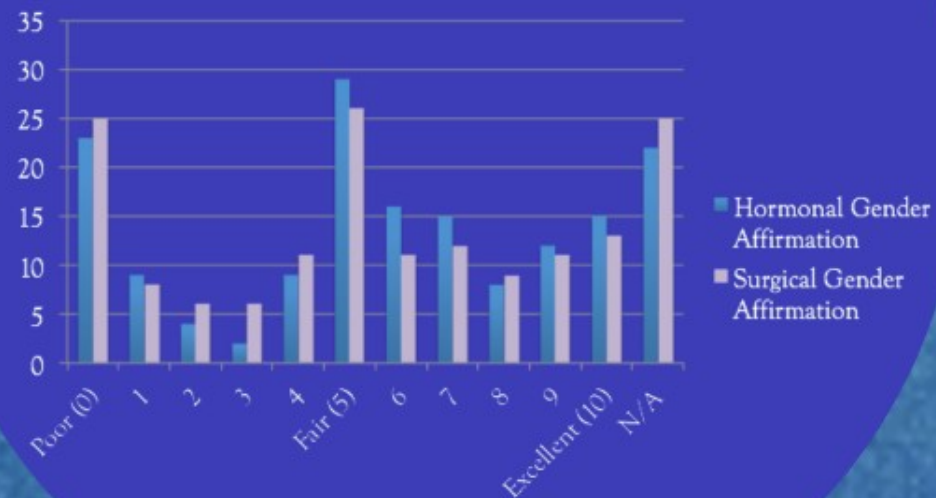
Do you feel you have a strong understanding of what queer, transgender, and intersex mean?



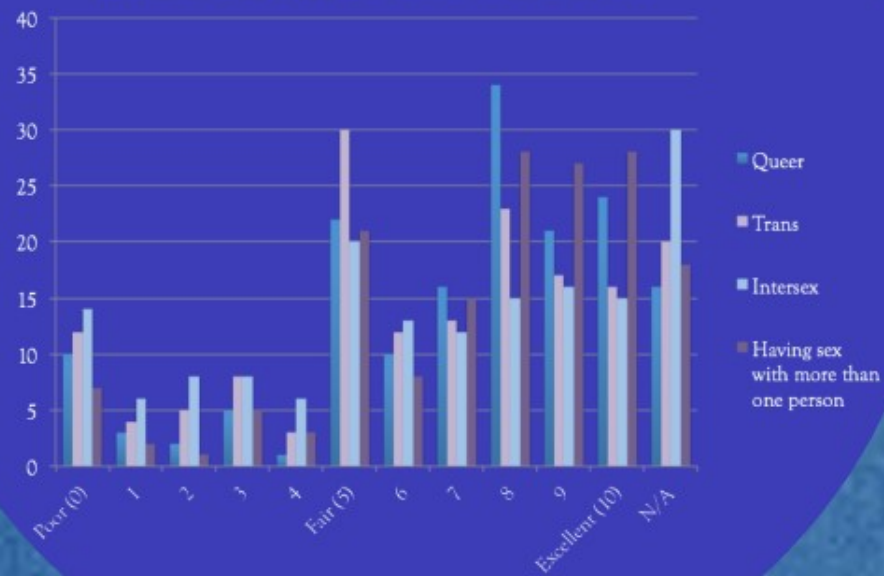
How would you rate your capabilities, overall, in treating...



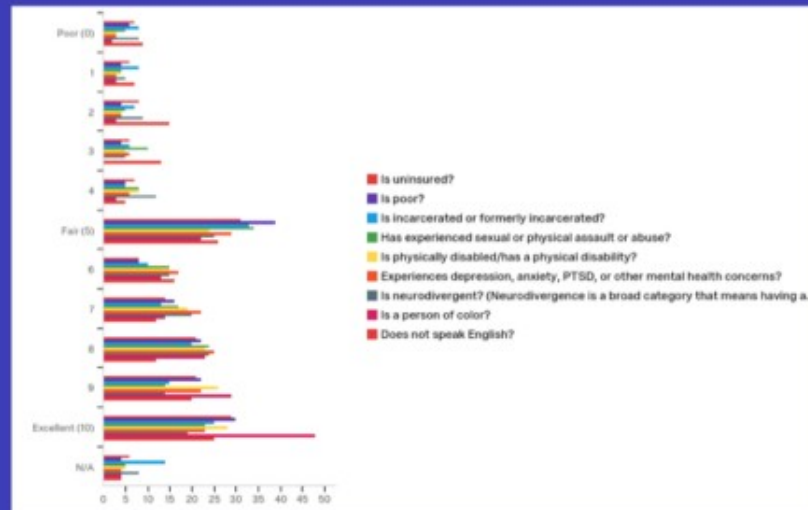
How would you rate your capabilities, overall, in supporting a patient who is pursuing...



How would you rate your capabilities, overall, in counseling for safer sexual health practices for people who are...



How confident are you in your abilities to care for a queer, trans, and/or intersex patient who...



What are your strengths?

1. Compassion
2. Respect
3. Listening
4. Non-judgmental, open
5. Not treating people differently

What are your weaknesses?

1. Lack of knowledge of patients' needs, in particular around intersex patients' needs
2. Lack of experience
3. Lack of knowledge of resources available
4. Inability to relate, not understanding LGBTQIA+ patients
5. Unknown

Also mentioned: none, pronouns

Current Protocols

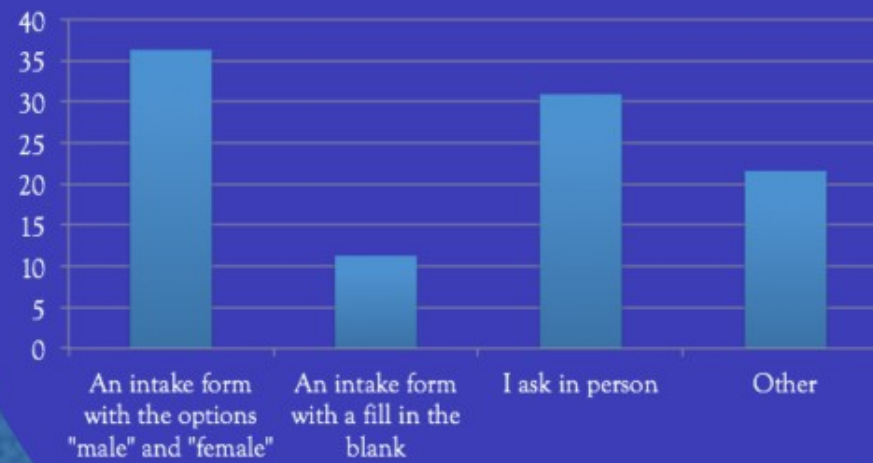
How are aspects of care relevant specifically to LGBTQIA+ patients handled now?

How do you learn your patients' genders?

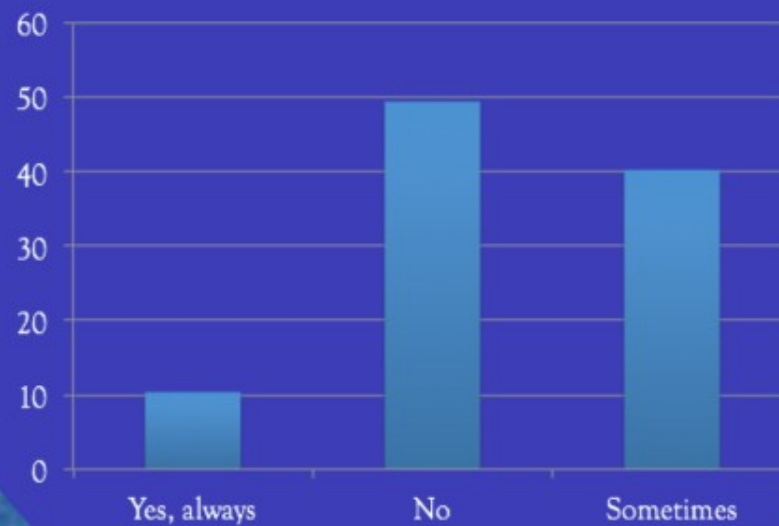
Do you ask your patients what pronouns they use f...

Do you have trusted queer- or trans-competent medic...

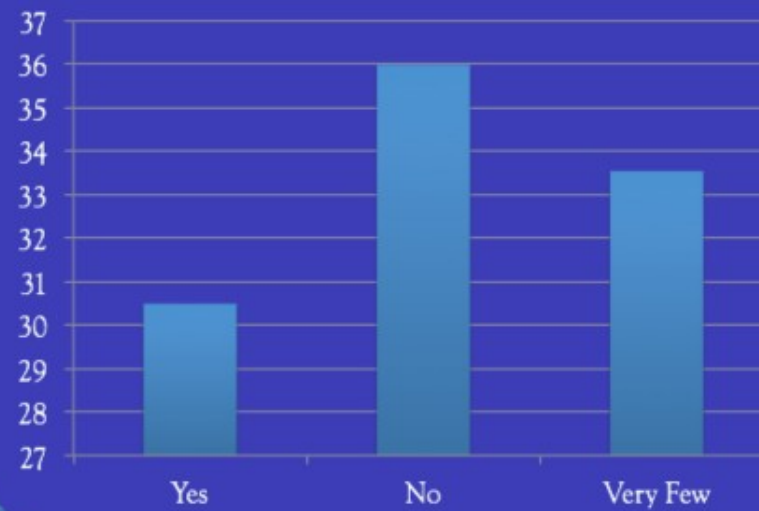
How do you learn your patients' genders?



Do you ask your patients
what pronouns they use
for themselves?



Do you have trusted queer- or trans-competent medical specialists in your geographical and professional network of providers for patient referrals?



Needs

1. Education and trainings, with an emphasis on learning directly from LGBTQIA+ people
2. Resources, in particular for mental health care
3. Cultural interventions to address prejudice within communities and within clinics
4. Medicaid coverage
5. Better documentation and EPIC options

LGBTQIA+ Healthcare at UNC



Moving Forward



Education

Protocols

Structure

Education

- Offering/requiring more educational programs for physicians, nurses, office staff, etc. with a **focus on intersex identities, trauma-informed care, and intersectionality**
- Improving medical education around LGBTQIA+ health disparities and needs

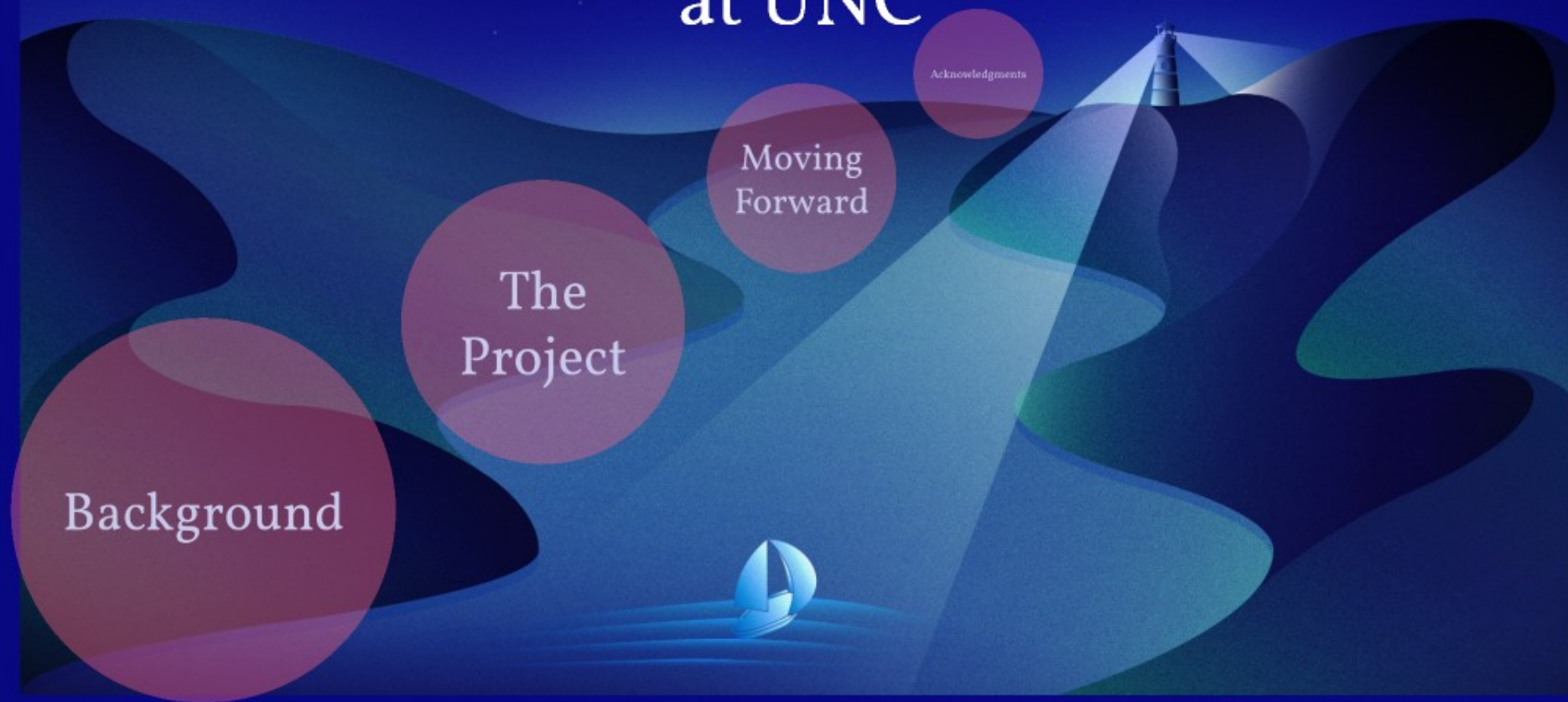
Protocols

- Ask gender identities and pronouns in intake forms
- Ask for names and legal names in intake forms
- Research more into the needs of your patients and physicians
 - Dedicated questions in the yearly UNC physician survey

Structure

- Invest in hiring more queer and trans people of color as physicians
- Provide patient advocates in every clinic
- Instate LGBTQIA+ Patient Advisory Councils, to better assess needs in a sustained manner
- Ensure gender neutral bathrooms are available in all clinics
- Build a resource guide for LGBTQIA+ healthcare at UNC

LGBTQIA+ Healthcare at UNC





Acknowledgments

- Community Engagement Fellowship
 - Meredith Bazemore
 - Caroline Roberts
- Preceptors
- Patient Interviewees
- My friends and my sweetie Lux who helped me build the survey and supported me through the project
- My family

All the magical and brilliant queer and trans people in my life and in the world who I have been so lucky to learn from

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