LGBTQ+ Inclusion in Health Professions Learning Environments: Taking Action on Harmful Bias and Discrimination

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Preview of Webinar

- Conference Overview
- Background
- Macy Foundation Conference Recommendations
- Q&A and Discussion
- Follow-up and Future Webinars
Conference Overview

- 44 leaders in health professions education, health care delivery, learners, and educational accreditors
- Four commissioned papers and three case studies
- Final product reviewed and approved by all conferees
Experiences of LGBTQ+ Patients

When I walked toward the women’s bathroom in the waiting area, the receptionist jumped up and told me to use a McDonald’s restroom down the street. I felt like leaving and never going back.

A transgender woman waiting for her first physical in years

After I mentioned that my husband would be visiting me, the staff, who had been very friendly, turned very cool — and I saw a lot less of them, even when I really needed help.

A gay man hospitalized for a lung condition

Flanigan v. University of Maryland Hospital System

Summary
On October 18, 2000, on a cross-country trip to visit family, Bill Flanigan’s partner Robert Daniel was admitted to the University of Maryland Hospital in Baltimore. Daniel was suffering from heart failure. Despite the fact that Flanigan and Daniel were registered as domestic partners in California and that Flanigan had a Power of Attorney to make health care decisions for Daniel, hospital personnel prevented Flanigan from seeing his partner. Hospital staff told Flanigan that only “family members” were permitted to visit and that “partners” did not qualify. Flanigan was unable to consult with doctors or to tell surgeons of Daniel’s wish to refuse life-prolonging measures such as a breathing tube. Several hours later, when Flanigan was finally allowed to visit, Daniel was no longer responsive, his eyes were taped shut and doctors had inserted a breathing tube. Daniel never regained consciousness and died three days later.

Context
Because they are prohibited from marrying, gay and bisexual partners too often have to argue their right to hospital visits with EMT personnel. National standards for hospital accreditation allow variation in family members and include non-legally related individuals as family members if they play a significant role in the patient’s life.
## Lack of Data – LGBTQ+ Patients

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% of people who identify as LGBTQ</th>
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<tbody>
<tr>
<td>TOTAL POPULATION</td>
<td>12%</td>
</tr>
<tr>
<td>18-34</td>
<td>20%</td>
</tr>
<tr>
<td>35-51</td>
<td>12%</td>
</tr>
<tr>
<td>52-71</td>
<td>7%</td>
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<tr>
<td>72+</td>
<td>5%</td>
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Source: https://www.glaad.org/blog/new-glaad-study-reveals-twenty-percent-millennials-identify-lgbtq
Lack of Data – LGBTQ+ Health Professions
Students and Providers

• AAMC began collecting data on medical student sexual orientation and gender identity (SOGI) in 2016.

• No large-scale collection of data on SOGI among nursing students, nurses, physicians, and other health professionals.
Fear and Discrimination for LGBTQ+ Providers

- Many healthcare students and providers report concealing their sexual orientation or gender identity due to fear of discrimination.

- Many non-LGBTQ people in the US would prefer not to have an LGBTQ+ doctor.

- LGBTQ+ students and providers report experiencing overt mistreatment in healthcare environments.
Recommendation I:
Build an institutional culture of fairness, respect, and anti-racism by making diversity, equity, and inclusion top priorities.

Interconnectionality
Effective strategies must be grounded in intersectionality and recognize the diversity and breadth of the LGBTQ community.

Mission and Culture
The work of anti-bias and inclusion cannot be the responsibility of those experiencing harmful bias and discrimination – it is the work of all.

Symbols of Inclusion
Provide clear and widespread symbols of inclusion – physical, structural, curricular, scholarly, community.
# Gender Identity and Sexual Orientation

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Men</td>
<td>50%</td>
</tr>
<tr>
<td>Women</td>
<td>48%</td>
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<tr>
<td>Nonbinary</td>
<td>2%</td>
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<tr>
<td>LGBTQ</td>
<td>30%</td>
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Recommendation II:

Develop, assess, and improve systems to mitigate harmful biases and to eliminate racism and all other forms of discrimination.

Data
Use best practices to collect data on sexual orientation & gender identity (SOGI)

Reporting
Enhance and expand systems for real-time anonymous bias reporting to assess inclusivity of learning environment

Training
Provide regular and mandatory training for all members of community
Recommendation III:
Integrate equity into health professions curricula, explicitly aiming to mitigate the harmful effects of bias, exclusion, discrimination, racism, and all other forms of oppression.

Patient Care
Teach about health concerns specific to LGBTQ+ people and skills for providing appropriate and respectful care to LGBTQ+ patients.

Representation
Include LGBTQ+ patient cases in curricula, including instances in which being LGBTQ+ is not essential to the patient’s concern.

Awareness
Educate students about disparities and biases faced by LGBTQ+ populations and challenge students to assess their own biases.
Recommendation IV:

Increase the numbers of health professions students, trainees, faculty, and institutional administrators and leaders from historically marginalized and excluded populations.

Measure
Collect data on LGBTQ identities and experiences from applicants, students, trainees, faculty, and board members

Analyze
Evaluate LGBTQ representation and experiences across populations accounting for intersectional identities

Grow
Take meaningful actions to recruit and retain underrepresented students, faculty, and leaders

Assess Climate
Continually assess organizational climate and ability of LGBTQ people to thrive within the institution
Questions & Responses

Please use the Q & A function to ask questions

Upcoming Webinars 2021

- April 7, 2021: Anti-Black Racism
- Future: People with Disabilities

Nursing in the Clinical Learning Environment
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