

How Providers Can Gain the Trust of the LGBTQ+ Community

For various reasons, some people delay or avoid getting medical care, and many of those reasons are beyond your control as a provider. But people in communities that have been marginalized – like the LGBTQ+ community – tend to avoid medical appointments for reasons that providers *can* address.

LGBTQ+ people have faced discrimination from both society in general and the medical community in particular, and this has led to health disparities. To gain trust and create a welcoming practice, you must make intentional choices about your practice's culture and operations to demonstrate your commitment to providing respectful, bias-free care to members of the LGBTQ+ community.

Here are some suggestions on how to approach these choices.

Cultural Changes to Support LGBTQ+ Patients

What is your practice's approach to care? You may have created guidelines for interacting with LGBTQ+ patients, but are the guidelines carried out by your team? Are you asking patients questions that reveal unintentional bias? Are you addressing LGBTQ+ health disparities?

One part of gaining the trust of the LGBTQ+ community happens long before any interactions with patients. It starts with understanding systemic bias and historical discrimination, and it requires awareness of a community that you may not be part of.

Systemic Bias and Historical Discrimination

Understanding the systemic bias and historical discrimination faced by the LGBTQ+ community is key to creating better systems of care and providing respectful care to individuals. Some practices that have led LGBTQ+ people to mistrust the medical community include:

- **The pathologization of homosexuality:** Until 1973, the American Psychiatric Association classified homosexuality as an official diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM).
- **Use of the classification “gender identity disorder”:** Until 2012, the DSM included the classification “gender identity disorder,” which inaccurately reflected the experiences of trans patients. This classification has been replaced with “gender dysphoria.”
- **Forced sterilization:** LGBTQ+ individuals have been subjected to the practices of modern eugenics movements, such as the forced sterilization of homosexuals in the twentieth century.
- **Legal discrimination:** Until same-sex marriage was legalized, same-sex couples did not enjoy spousal benefits – like being allowed to enter a spouse’s hospital room, to participate in medical decisions, and to receive health benefits or job protection when caring for a sick spouse.

Interpersonal Discrimination

Changes in personal behavior and attitudes often lag behind societal changes. Although homosexuality is no longer an official diagnosis in the DSM, individuals may continue to hold negative beliefs about LGBTQ+ people or may simply be unaware that something they’ve said to an LGBTQ+ person is disrespectful

or offensive. Regardless of intention, these negative interactions can lead to poor experiences for LGBTQ+ patients and can increase health disparities.

How to Start Implementing Cultural Changes

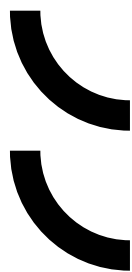
Education is the critical first step to changing your practice’s culture, and [anti-bias training](#) can be a meaningful investment in creating a more inclusive practice. Training can:

- Build your providers’ knowledge about LGBTQ+ health care issues
- Encourage more tolerant and welcoming attitudes about working with LGBTQ+ patients
- Increase your team’s comfort level when working with LGBTQ+ patients

In addition to fostering a more welcoming environment for patients, anti-bias training can also make your workplace more attractive to LGBTQ+ providers.

Everyone deserves care that supports their gender identity. VNS Health offers gender-affirming care to meet the unique needs of individuals undergoing gender affirmation surgery.

Learn More



Operational Changes to Attract and

Affirm LGBTQ+ Patients

Making operational changes is an important step in making your practice more welcoming to LGBTQ+ patients. Such changes subtly but powerfully demonstrate your commitment to providing a positive health care experience for LGBTQ+ patients.

Make Your Commitment to LGBTQ+ Health Front and Center

Operationalizing affirming care might mean changing the way you do things in your office. For example, changing your intake forms can be a way to reflect the experiences of LGBTQ+ patients:

- Include space for patients to indicate their pronouns and the name they would like your staff to use (in addition to the name that may be on their other health records). This can immediately signal that your practice is LGBTQ+ friendly.
- Use gender-neutral language, such as “spouse” or “partner” instead of “husband” or “wife.”
- Collect data about sexual orientation along with other common demographic information. LGBTQ+ patients may not always feel comfortable disclosing this information, but providing that option on your intake form can signal that your team recognizes that it’s an important part of your patients’ identity.

It is important that LGBTQ+ individuals can find your practice online – and that they feel welcome once they’re at your office.

You can use your website, and the materials available in your office, to communicate that your practice is a safe space:

- Include a nondiscrimination policy, an LGBTQ+ health commitment, and medical resources specifically for LGBTQ+ people on your website.
- Employ a content marketing agency to ensure that your website appears in searches for LGBTQ+ health care.
- Register your practice with GMLA's [LGBTQ+ Healthcare Directory](#).
- Display pride flags, LGBTQ+ health brochures, or other signaling materials in your office.

Partner with LGBTQ+ Friendly Organizations

Your patients' health goes far beyond what happens during an appointment in your office. Many LGBTQ+ individuals may also face mental health and socioeconomic challenges that impact their overall health and well-being:

- 22% of the LGBTQ+ community lives in poverty.
- LGBTQ+ people are almost twice as likely to experience food insecurity as non-LGBTQ+ people.
- LGBTQ+ adults of all ages experience depression, anxiety, and substance abuse disorders at rates 2.5 times those of their non-LGBTQ+ peers.

Caring for LGBTQ+ patients doesn't end when they leave your office. If you partner with a home care agency that has relationships with local LGBTQ+ organizations, your patients can be connected with social services and other entitlements. From food banks to community centers to organizations like VNS Health, the partners you choose can provide care far beyond the walls of your practice.

Let's Work Together

The health care anxieties of the LGBTQ+ community are valid – even if your practice hasn't intentionally done anything wrong. Gaining the community's trust won't happen overnight. It will take time for you to see concrete changes, like an increase in the number of patients self-identifying as members of the LGBTQ+ community.

Trust isn't a given, but through intentional change, knowledge building, and strategic partnerships, we can all play a role in making health care more inclusive and affirming.