

Katharine Thomson, PhD, a clinical psychologist at Boston Children's Hospital involved in LGBTQ+ education and advocacy, said health care professionals should never assume one's gender based on looks.¹ Health care providers should ask, and never assume, one's gender and pronouns based on what medical records say. Athletic trainers have the opportunity to foster change and support patients in ways they may have never been recognized before.

Athletic trainers can begin to support patients' identities by asking them their pronouns of reference. This sets an expectation that, moving forward, conversations about them are centered around their pronouns of reference and/or their preferable name. If this is difficult and you find yourself making an occasional mistake, remember to acknowledge that mistake and moving forward be more aware of the language you use while speaking with your patient. Pronoun use can be unsettling, and asking a patient may be difficult, but setting the example may be a good start. An introduction, conducted by the athletic trainer, that states, "Hi, my name is [blank], I use [blank] pronouns of reference. What is your name and pronouns of reference?" may be a good start.

Some things to consider when approaching patients about their pronouns of reference:

1. Minors: If you work closely with minors, it's especially important to ask for their permission when utilizing preferred

pronouns of reference in front of others.⁴ Affirmation of someone's pronouns is respected across all patients, and relationship status and sexual orientation are components to be aware of as well when using proper terminology with your patients and those around your patient.

2. Conversations with guardians of minors:

Often times, communicating with guardians can be more difficult to navigate, especially if the patient wishes to use other pronouns of reference when engaging with them.⁴ It's important to respect this and engage in proper terminology when discussing a patient's medical care when conversing with guardians. If overlooked, patients face further challenges of rejection and difficult conversation with their guardian, with which they do not wish to engage in. It may even create a negative space.

3. Vocabulary:

Get a better understanding of your patients identity (identities), and make room for culturally competent care by engaging in conversation about which identities your patient holds. This provides patients an opportunity to explain their experience, allows you to better understand their life and provides better considerations when approaching treatment and care for them. Utilizing proper terminology is that one extra step a health care professional can take to better the care they provide. Athletic trainers should take time to review the

READ MORE ABOUT LGBTQ+ PATIENT CARE THROUGHOUT JUNE ON THE NATA NOW BLOG, WWW.NATA.ORG/BLOG.

NATA LGBTQ+ Advisory Committee's "LGBTQ+ Terminology 101" webpage, available at www.nata.org/practice-patient-care/health-issues/cultural-competence/lgbtq-terminology.

References

1. Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff. National LGBT Health Education Center. Accessed: July 11th, 2019. <https://www.lgbthealtheducation.org/wp-content/uploads/Providing-Inclusive-Services-and-Care-for-LGBT-People.pdf>
2. Creating an LGBTQ-friendly practice. Accessed August 24th, 2019. <https://www.wama-assn.org/delivering-care/population-care/creating-lgbtq-friendly-practice>
3. Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-Line Health Care Staff. LGBT Health Education Center. Accessed July 11th, 2019. <https://www.lgbthealtheducation.org/wp-content/uploads/2016/12/Affirmative-Care-for-Transgender-and-Gender-Non-conforming-People-Best-Practices-for-Front-line-Health-Care-Staff.pdf>
4. McCarthy M. Gender identity & pronoun use: A guide for pediatric health care professionals. Notes Blog. <https://notes.childrenshospital.org/clinicians-guide-gender-identity-pronoun-use/>. Published June 15, 2017. Accessed August 18, 2019.

THE IMPACT OF HEALTH CARE DISCRIMINATION ON THE LGBTQ+ POPULATION

ATs may be the only health care provider these patients are comfortable with – are you ready to address their needs?

BY JENNIFER STURTEVANT, MBA, LAT, ATC, NATA LGBTQ+ ADVISORY COMMITTEE

Why is the impact of health care discrimination on the LGBTQ+ population pertinent to athletic training? Because, as athletic trainers, we may be the first point of contact on the health care team for a patient in the lesbian, gay, bisexual, transgender and queer/questioning community.

We're starting to hear and read more stories of LGBTQ+ patients choosing athletic training facilities as safe places to "come out." It's important to understand the barriers the LGBTQ+ population faces when accessing

health care, and how that can lead to disparities we see in their physical and mental health.

Discrimination in health care is a reality. Many LGBTQ+ persons have experienced discrimination or even have been refused treatment because they are LGBTQ+.¹ This can lead to an avoidance of seeking medical care. Because of this, the rates of depression, suicide, alcohol and drug abuse, smoking, infectious diseases and heart disease are elevated within the LGBTQ+ population.¹

Research shows that health disparities in this community are caused from a complex

combination of factors. The main factors that contribute² are:

1. Cultural and social norms that prioritize heterosexuality (i.e., heteronormativity)
2. Minority stress associated with sexual orientation and gender identity as minority populations
3. Victimization and violence
4. Discrimination
5. Stigma

These factors lead to lack of health insurance, delayed medical care, avoidance of

THE IMPACT OF HEALTH CARE DISCRIMINATION ON THE LGBTQ+ POPULATION

emergency room visits and an increase in prejudice from health care providers.³ As stated in the NATA News blog, "Understanding Implicit Bias in Health Care," studies show that implicit bias plays a role in these discriminatory trends to the point where one study revealed "heterosexual health care professionals had a moderate to strong preference for treating heterosexual people over gay and lesbian patients."⁵

In fact, here are some startling statistics regarding barriers¹ to seeking care:

- Nearly one in six LGBTQ+ patients experience discrimination
- Twenty-nine percent of trans patients were refused care by their provider
- One in five LGBTQ+ patients avoid seeking care
- Twenty-three percent of trans patients avoid or postpone care

BECAUSE OF PAST NEGATIVE EXPERIENCES WITH HEALTH CARE PROVIDERS, SOME LGBTQ+ PEOPLE WILL AVOID SEEKING MEDICAL CARE.

Knowing that many athletic trainers work with a younger age group, it's essential to be aware of the common health issues that you would likely see. According to the Institute of Medicine:

- LGBTQ+ youth are two to three times more likely to attempt suicide, have an increased risk of homelessness and increased risk of bullying.
- Approximately 20 percent to 40 percent of all homeless youth are LGBTQ+.
- There is an increased risk of behavioral health conditions, specifically in the transgender population. They are more likely to experience victimization, attempt suicide and contract HIV and other STDs.⁶
- Suicide attempts, suicidal ideation, depression and anxiety disorders were 1.5 times higher in trans youth compared to their heterosexual peers.²

Relationships with health care providers are an influencing factor when accessing

care. A large portion of the LGBTQ+ population has endured negative experiences, such as disrespectful treatment from staff, denial of care, harsh language and even being told their gender identity or sexual orientation was the cause of their illness. Even more so, for transgender individuals, discrimination has come in the form of refusal to use their preferred name, harassment and even violence in a health care setting.⁷


Health care providers can lack adequate training on the specific needs of the LGBTQ+ population, which can lead to subpar care, lack of illness-related education, inadequate interventions and discrimination.⁸ A recent study of 150 U.S. and Canadian medical schools showed that the median reported time dedicated to teaching LGBT-related content in the entire four-year curriculum was only five hours.⁹

All people should have access to health care regardless of their differences. Because of past negative experiences with health care providers, some LGBTQ+ people will avoid seeking medical care. Most LGBTQ people have experienced some sort of discrimination, so providing an affirming and inclusive environment can and will assure they get the care that they need.

It's important to remember that health care providers often develop deep relationships with our patients based on trust, understanding and acceptance. As athletic trainers, we may be the only health care provider who some patients feel comfortable talking to about their medical needs. A couple of thoughts to consider:

- Are there ways that your facility could be more welcoming or inclusive?
- Has staff been provided with proper training on LGBTQ+ issues?
- Does your team physician's office ensure an affirming environment?

- Do you know where there are LGBTQ+ friendly facilities in your area?

Having this knowledge will help you be a better provider and advocate for your patients. 

References

1. Mirza S, Rooney C. Discrimination Prevents LGBTQ People from Accessing Health Care. Center for American Progress. <https://www.americanprogress.org/issues/lgbt/news/2018/01/18/445130/discrimination-prevents-lgbt-people-accessing-health-care/>. Published 2018.
2. Zeeman L, Sherriff N, Browne K et al. A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *Eur J Public Health*. 2018. doi:10.1093/eurpub/cky226
3. Durso L, Baker K, Cray A. LGBT Communities And The Affordable Care Act: Findings From A National Survey; 2013. <https://www.americanprogress.org/wp-content/uploads/2013/10/LGBT-ACA-survey-brief1.pdf>
4. Nye E, Nakajima M. Understanding Implicit Bias in Healthcare. NATA Now. 2018. <https://www.nata.org/blog/jordan-grantham/understanding-implicit-bias-health-care>
5. Sabin J, Riskind RG, Nosek BA. Healthcare Providers' Implicit and Explicit Attitudes Towards Lesbian and Gay Men. *American Journal of Public Health*. 2015;105(9), 1831-1841.
6. IOM (Institute of Medicine). 2011. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: The National Academies Press. <http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>
7. Kates J, Ranji U, Beamesderfer A, Salganicoff A, Dawson L. Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender (LGBT) Individuals in the U.S. - The LGBT Community. The Henry J. Kaiser Family Foundation. <https://www.kff.org/report-section/health-and-access-to-care-and-coverage-lgbt-individuals-in-the-us-the-lgbt-community/>. Published 2018.
8. Hafeez H, Zeshan M, Tahir M, Jahan N, Naveed S. Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. *Cureus*. 2017;9(4). doi:10.7759/cureus.1184
9. Obedin-Maliver J, Goldsmith E, Stewart L et al. Lesbian, Gay, Bisexual, and Transgender-Related Content in Undergraduate Medical Education. *JAMA*. 2011;306(9). doi:10.1001/jama.2011.1255