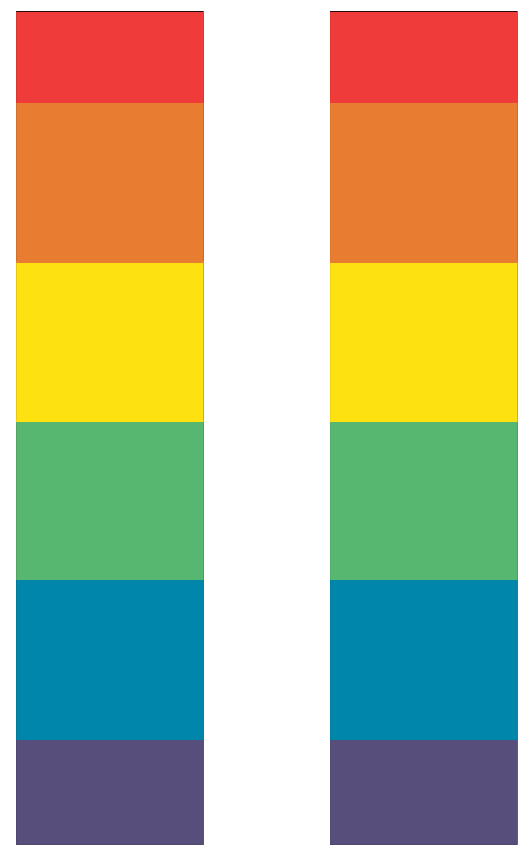


All In for





Inclusive healthcare for the LGBTQ+ community

■ **Feat. Justin Schweitzer, DO**

Despite 50 years passing since the consequential Stonewall Riots in New York City's Greenwich Village and the launch of the modern advocacy of gay rights in America, there may be no greater rift in U.S. identity politics than the one concerning sexual orientation and/or gender designation. While the role of the government toward the LGBTQ+ community may never stop being a cudgel of ideological debate, one of the last places someone should ever feel any discrimination or prejudice is in a healthcare setting.

As part of its ongoing member spotlight series and its commitment to greater health equity, AMGA recently hosted a special webinar on how Cooper University Health Care, part of Cooper Care Alliance, has built successful best practices to deliver fair and inclusive care to its LGBTQ+ patient population. While the explicit focus of the discussion was approach toward those who identify as nonbinary or transgender, Justin Schweitzer, DO, Cooper Care Alliance's director of LGBTQ+ Health and Primary Care, emphasized that some of the things he hoped his audience

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would learn “can honestly apply to any patient, because I think it’s about approaching someone based off of who they are, their authentic self, respecting them for who they are, and working with them as a team to make sure they’re getting the healthcare they need.”

Background

Based on the latest polling data from Gallup, just over 7% of Americans identify as LGBTQ+. With the current U.S. population at around 333 million, this means approximately 25 million adults in America identify within the queer community. Additional statistics show that 20% of Gen Z adults—those who were born between 1997 and 2003—identify within the LGBTQ+ spectrum, with bisexual identification being the most common. Despite political fear mongering over some kind of cultural takeover, just under 1% of Americans identify as transgender.

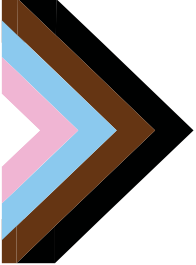
Identifying himself as a cisgender gay male, Schweitzer shared that his journey as a physician focused on LGBTQ+ patients really began when he started to encounter more

or “MTF” is now simply “trans woman;” and instead of being “biologically” male or female, it is “assigned male” or “assigned female” at birth.

Under previous diagnosis codes, transgender patients would be categorized as having gender identity disorder. Current diagnoses, however, are gender dysphoria or gender incongruence, being the physical or mental discomfort that a patient may feel if their gender identity does not match their gender assigned at birth.

One of the most common connotations when it comes to LGBTQ+ community is the difference between someone’s sexual orientation and gender identity, often referred to as SO/GI. While sometimes interrelated, it is important to distinguish between the two. While terms like heterosexual, homosexual, and bisexual have been common to the lexicon for sexual orientation for decades, there are also those who identify as pansexual, an attraction to a specific person regardless of gender, and asexual, individuals who are not attracted to anyone.

The terminology for gender identities can get a bit more complicated if adhering to a spectrum. At one end is cisgender individuals, whose gender identity is the same as the gender they were assigned at birth. Traveling along the spectrum are those who are transgender, queer, genderqueer, and nonbinary. At the other end are intersex individuals who are born with both male and female genitalia. “In the past, physicians or parents made choices for these last patients to remove certain organs,” explained Schweitzer. “In reality, that may have been the sexual organ that the patient identified with. We’re now trying to wait and delay surgeries for intersex children so that the patient can make up their mind and be a part of that decision-making process.”



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and more patients deliberately seeking him out because they were experiencing some form of intrinsic or explicit bias from other care providers. This in turn spurred Schweitzer into establishing and leading the Center for LGBTQ+ Health at Cooper University Health Care.

“When we created our program here at Cooper, we were wondering how we could best serve everyone, even if their views or beliefs differed from your own,” explained Schweitzer. “What do we need to know? What can we do and how can we address that? As physician and provider leaders, it’s really our responsibility to help take care of people and help them take care of themselves in return.”

Definitional Distinctions

Because it is something that constantly changes over time, Schweitzer made sure to give his audience the most up-to-date terminology when addressing LGBTQ+ patients. When treating a member of the trans community, outdated language such as “a transgender” or “transgendered” is now simply “transgender;” a “female-to-male” or “FTM” individual is now simply a “trans man;” a “male-to-female”

Misgendering and Deadnaming

For Schweitzer, having the knowledge of these various terms becomes important when a health system or medical group’s electronic medical record database comes into play. Epic, for its part, already has an SO/GI smart form. In New Jersey, where Schweitzer practices, there is actually a law that requires all healthcare providers to have an ability in their electronic medical record (EMR) to capture SO/GI data.

This is not to say that a patient’s legal name and gender should be omitted entirely—not simply for billing purposes, but also for organ inventory. When it comes to cancer prevention and screenings, for example, such information can become critical for testing for breast or cervical cancer. According to Schweitzer, “It’s less about the patient’s gender and more about the organ and if that body part is part of their anatomy.”

Outside of this unbiased record keeping, there can be consequential outcomes related to misgendering LGBTQ+ individuals. For example, using their birth name instead of their chosen name results in the patient being “deadnamed.”



Using someone's correct pronouns and name can have a significant impact to a LGBTQ+ patient's well-being.

"When you misgender your patient, they are less likely to listen to what you have to say as a physician or provider," Schweitzer said. "They're less likely to come back to your organization as a patient. They may go to another organization that possibly does a better job when it comes to inclusive healthcare. But by misgendering a patient, you're disrespecting them. And if you're disrespecting them, most likely they're not going to get the bloodwork that you might want or try the medicines that you recommend or get the prevention screenings that you're recommending."

Discrimination is an ever-present social driver of health for members of the LGBTQ+ community. Being faced with intolerance from their neighbors, community, and even their own family members can lead to a unique minority stress, which in turn can lead to not seeking out healthcare, not showing up for test screenings, having chronic medical conditions go unchecked for prolonged periods of time, and ultimately lead to health disparities.

"It's important to realize that when patients are stepping foot into your office—particularly for the first time—they might already be carrying this past discrimination with them," said Schweitzer. "Therefore, part of our job is to make sure they realize that the place they're in is hopefully a very caring and respectful place where they are able to be their authentic selves and we can accept them for who they are and see what we could do in order to make sure they live a happier and healthier life."

Approximately 25 million adults in America identify within the queer community.

Creating a Safe Space

Because someone's sexual orientation and gender identity often come into greater focus during adolescence, it is just as important to make a provider's space just as safe and welcoming to the patient's family.

"We often work to make sure that families communicate well together regarding health issues," explained Schweitzer. "Sometimes patients come in, and it's literally the first time that they've really talked to their parents about their gender identity, and the parents say, 'Well, this is the first time I'm hearing this.' So we kind of help provide them with a safe space to have those conversations and then give them some feedback about how they can continue that conversation at home."

Unfortunately, if this type of fundamental discussion does not occur, many LGBTQ+ youth wind up enduring some kind of physical or emotional abuse, and may be forced out of their homes altogether. The latest data show that when it comes to homeless youth in America, 40% identify as LGBTQ+.

Taking Real Steps

Although Schweitzer understands that every healthcare organization is different and can have its own strategies when it comes to access and patient engagement, he took it upon himself to detail many of the initiatives and actions the Center for LGBTQ+ Health at Cooper University Health Care has taken for its unique patient population. Importantly, these steps can be easily replicated.

Initial first steps can simply be the use of signage and literature, openly displaying pride flags or other logos, as well

as making inclusive brochures or LGBTQ+ magazines like *Out* or *The Advocate* available in the waiting room. Unisex or trans-friendly bathroom markers can be especially symbolic to those seeking care. Schweitzer's organization also has bathrooms with lockers and a changing bench for patients who enter the building and want to dress and present as their more authentic self. This way, if they don't feel safe outside, they have the option and resources when it comes to their gender expression.

Moving away from the office's physical aesthetic and accommodations, it is also important to staff an office or care team with LGBTQ+ identifying individuals or allies. "They don't have to be exactly part of the community," said Schweitzer. "But it's also probably a good idea to have representation within your staff to make sure representation and visibility are there, because I do think that that matters for patients."

Regardless of whether the care team is already part of the LGBTQ+ community or an ally, it is additionally vital to provide clinicians and staff the medical and inclusive knowledge they need to care for these patients. "We work in conjunction with Cooper Medical School and Rowan University to educate future physicians when it comes to the medical management and social aspects of the LGBTQ+ care," said Schweitzer. "We're working to build a broad provider network, to collaborate beyond primary care, with specialists like surgeons and mental health providers, because like any other patient, you want that full, wraparound service. You need those key connections with resources nearby where patients can get the care that they're looking for."

When working with and caring for LGBTQ+ patients, Schweitzer advised the necessity of an organization familiarizing itself with the specific needs and experiences

of the targeted community. This means listening to the patients who come into the care facility—even putting together a specialized patient panel and advisory board to hear about what they might want or add when it comes to their healthcare. This can also be accomplished by building relationships within the LGBTQ+ community, partnering or collaborating with local PFLAG chapters or pride events. As with any care transition, it really is about assessing the organization, reflecting on what could be done better, and making incremental changes.

A Happy and Healthy Life

Whether or not your organization provides basic primary care or is looking into more specialized treatments and care pathways such as HIV prevention, sexual health counseling, or various gender affirming hormone therapies and/or surgeries, so much can be achieved by simply treating LGBTQ+ patients like any other, discussing their goals of care, making sure that their goals align with the healthcare that they're getting, and setting realistic expectations.

Said Schweitzer, "I think the more dialogue you have with others in safe, comfortable spaces, the more we see patients that identify this way, you put a face to a name, and I think it goes a long way in basically realizing that they're human, just like we are, and that everyone has their own healthcare needs. No matter who someone is, I think it's important to respect them as a person. Doing your best to make sure that when your patient sees you, it results in living a happy and healthy life and in which they feel comfortable coming back to you. That would be the goal I would recommend for everyone, no matter who the patient is that they see." **GPU**

Justin Schweitzer, DO, is medical director, LGBTQ+ Health and Primary Care, Cooper Care Alliance.

