PROJECT OVERVIEW: We conducted a “listening tour” to learn about healthcare experiences and unmet cancer related needs from members of the LGBT community in Greater Cleveland.

Community Voices

1. Common Healthcare Experiences — Here’s What You Shared:
   - Traumatic health care experiences lead to fear of gender identity and/or sexual orientation self-disclosure
   - Providers focus on sexual orientation or gender identity after patient disclosure (i.e., broken arm syndrome)
   - Difficulty finding culturally competent, trauma-informed providers
   - Patients desire information about cancer risk factors and screening options
   - African Americans perceived more healthcare discrimination due to their race, in addition to sexual orientation and/or gender identity
   - Willingness to participate in research, with some hesitation about biomedical research

2. Gay & Bisexual Men — Here’s What You Shared:
   - Sharing personal information and lifestyle behaviors is important for effective health care
   - After self-disclosure, providers make assumptions about sexual behaviors and HIV status
   - Some reluctance to complete prostate and/or colon cancer screenings

3. Lesbian & Bisexual Women — Here’s What You Shared:
   - Patients prefer to have sex-matched providers (e.g., doctors, nurses)
   - After self-disclosure, providers make assumptions about health care needs (e.g., birth control and/or Pap smear tests)
   - African American women (versus White women) perceived poor health care largely due to race, in addition to sexual orientation

4. Transgender Men and Women — Here’s What You Shared:
   - Accessing cancer screenings (e.g., prostate, breast) is difficult due to diagnostic coding and insurance issues
   - Continuous hormone therapy is the priority over and above all medical treatments
   - African American transgender patients may seek care on the “black market” due to negative healthcare experiences

118 PARTICIPANTS

YEARS OF AGE
- 18-30: 32%
- 31-40: 15%
- 41-50: 10%
- 51-65: 28%
- Over 65: 10%
- Unknown: 5%

RACE
- Black: 59%
- White: 35%
- Multiracial: 1%
- Other: 4%
- Unknown: 1%

SEXUAL ORIENTATION
- Heterosexual: 10%
- Bisexual: 28%
- Gay/Lesbian: 48%
- Unknown: 14%

TRANSGENDER
- Yes: 26%
- No: 73%
- Unknown: 1%

HEALTH INSURANCE
- Yes: 78%
- No: 22%
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"Our conversations with participants in this project highlighted healthcare challenges that do not have to happen and can be fixed. Everyone deserves the best possible health care. We must do better.”
- Monica Webb Hooper, PhD
  Director, Office of Cancer Disparities Research
  Case Comprehensive Cancer Center

PROJECT RESULTS: There are health disparities for members of the LGBT community. Common problems were identified – yet, there were unique healthcare biases and perceived discrimination described by gay men, lesbians, bisexuals, and transgender people. Patients desire change in how the healthcare system addresses sexual orientation and gender identity.

Ideas For Change — Based On What We Learned From You

Recommendations for healthcare systems and providers:
- Listen to patients, build rapport, and show empathy!
- LGBT 101 training to facilitate trauma-informed medical care
- Ask patients their chosen name and pronouns
- Make electronic health record (EHR) changes to record chosen name and gender identity
- Avoid assumptions about patient sexual behaviors or HIV status
- Allow transgender patients to receive hormone therapy while hospitalized (unless medically contraindicated)
- Promote inclusion and diversity in medical settings (e.g., patient materials, programs, providers and staff)

You Are Your Best Health Advocate — Here Are Some Suggestions

At Your Doctor’s Visit:
- Tell provider your chosen name and pronouns at the start of your medical appointment (ask for medical record update)
- Talk to your providers about the importance of building a trusting relationship
- Ask provider to focus on the reason for your visit (instead of your sexual orientation or gender identity)
- Talk about everything that affects your physical and mental health
- If you are not comfortable, ask others for recommendations for LGBT-friendly providers and clinics

Remember: Don’t give up — even after a negative healthcare experience, continue to seek help when you need it!

We Heard You & Thank you!

It’s sad, because in a perfect world, we would just want you to be treated, (regardless of) what was on your card, what color you are, and your sexual orientation. Treat the person that’s coming in with an illness. That’s all we ask of our medical community, and we have to somehow get through those barriers.
- Participant
  Forward Movement Project III

Addressing them on the genders that they choose to identify with will help them feel more and more comfortable coming back to the doctor and getting their issues addressed. Right now, they’re fearful.
- Participant
  Forward Movement Project III