SAGE Maine Survey Report:

Maine's Health Practitioners Caring for Older GLBT Patients

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SAGE Maine:

Health Practitioner Survey Report

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A heartfelt thank you is shared with those that made this report possible. The journey of a lifetime begins with one step… SAGE Maine is on the move!

Photography by Jo Moser.

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Executive Summary

SAGE Maine (Services and Advocacy for GLBT Elders), the first statewide affiliate recognized by the national SAGE organization was formed in February 2013 and became an affiliate of SAGENet —SAGE's network of local affiliates around the country. The primary purpose for SAGE Maine to conduct this study was to ascertain information from physicians (DO & MD), advanced practice nurses, nurse practitioners, and physician assistants to further understand the health care service environment in Maine for older adult **G**ay, **L**esbian, **B**isexual, & **T**ransgender (GLBT) individuals.

GLBT individuals are part of all racial, ethnic, socio-economic and religions, although many surveys and patient intake forms do not ask about this aspect of their identity. Nonetheless, research on this population is emerging. According to *Healthy People 2020*, GLBT individuals experience a range of health disparities challenges and lack access to care as a result of discrimination, victimization, and stigma (US DHHS, 2013). Older GLBT individuals face additional barriers to health because of isolation and lack of social services and culturally competent providers.

This 24 question survey was designed by grouping questions that applied to five topic areas: (1) Practice Environment; (2) Medical Practice; (3) Medical Referrals; (4) General Comments Regarding Health Care for GLBT Elders in Maine; and (5) Demographics. Early in the survey, respondents answered questions about how they welcome their GLBT patients. The survey progressed to questions focused on older adult GLBT health care practice. At the end of the survey respondents had the opportunity to write additional comments.

A total of 100 practitioners volunteered to complete the survey, 1.64% of the total possible respondents in the state. Advanced Practice Nurses and Nurse Practitioners accounted for 50% of the respondents, Physicians (MD and DO) accounted for 45% of the respondents, and Physician Assistants accounted for 5% of the respondents. Results varied between and among practitioner groups. Most practitioners expressed GLBT sensitivity; however percentages were low regarding intentional efforts made to welcome their GLBT patients. Practitioners tend to learn about GLBT health from their patients and those patients refer to GLBT friends. There is a lack of GLBT health care education in most practitioners' professional/formal academic preparation. Few opportunities exist for continuing medical education to increase culturally sensitive and clinically competent care for older GLBT patients, especially for transgender people.

This survey report is the first step towards raising awareness about older adult GLBT health care and guiding SAGE Maine efforts to challenge a history of discrimination and lack of awareness of health needs of Maine's older GLBT adults. Survey results indicate

that while health care available to Maine's GLBT older adults is commendably sensitive, there is much more that can be done to improve services.

SAGE Maine's challenge is to improve the "doctor-patient" partnership, to increase the number of health care organizations with policies that address culturally competent GLBT care, and to call for a more diverse health care workforce. This is not only a need known by GLBT individuals themselves. Federal monitoring of quality of care indicators show that disparities in clinical health care outcomes occur and impact the cost of health care for all (AHRQ, 2013). The Affordable Care Act offers fiscal incentives to provide patient-centered care and to work towards the elimination of disparities for priority populations including the GLBT community. Civil rights legislation and the Office of Management and Budget (OMB) 15 form the federal regulations that require the provision of equal access to culturally competent care, known as the Enhanced CLAS (Culturally and Linguistically Appropriate Services) Standards.

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Health care practitioners, health care organization leaders, clinical quality improvement professionals, fiscal planners, and the public all have a stake in helping SAGE Maine raise awareness of cultural and clinical competence in GLBT health care.

Introduction

About SAGE

SAGE (Services & Advocacy for GLBT Elders) is the country's largest and oldest organization dedicated to improving the lives of **G**ay, **L**esbian, **B**isexual and **T**ransgender (GLBT) older adults. Founded in 1978 and headquartered in New York City, SAGE is a national organization that offers supportive services and consumer resources for GLBT older adults and their caregivers, advocates for public policy changes that address the needs of GLBT older people, and provides training for aging providers and GLBT organizations, largely through its National Resource Center on GLBT Aging. SAGE has offices in New York City, Washington, DC and Chicago (http://www.sageusa.org/).

The mission of SAGE is to lead in addressing issues related to gay, lesbian, bisexual and transgender (GLBT) aging. In partnership with its affiliate chapters and allies, SAGE works to achieve a high quality of life for GLBT older adults, supports and advocates for their rights, fosters a greater understanding of aging in all communities, and promotes positive images of GLBT life in later years (http://www.sageusa.org/about/).

SAGE Maine

SAGE Maine is the first statewide affiliate recognized by the national SAGE organization. It was formed in February 2013 and is part of the nationwide SAGENet —SAGE's network of local affiliates around the country. Thanks to funding assistance from AARP Maine, a statewide GLBT community needs assessment was conducted, providing the foundation for the establishment of a SAGE Maine affiliate. The needs assessment results revealed that there were four initial goals for SAGE Maine to focus on: (1) Create a network of health-care providers and other professionals who are knowledgeable and affirming regarding GLBT aging issues; (2) Train staff and management of long-term care services and facilities to provide a safe and comfortable environment; (3) Provide broader education regarding Maine Civil Rights protections for GLBT individuals and provide assistance if harassment or assault is experienced; and (4) Create opportunities for social support and activities to

reduce isolation and loneliness as well as resources in times of emergency. This *Health Practitioners Survey Report* reflects action by SAGE Maine to gain understanding and identify issues associated with goals 1 and 2 above.

The Maine affiliate of SAGE is moving forward to ensure that older GLBT adults are treated with respect, dignity, and equality. It is committed to these guiding principles: (1) To ensure that all agencies and providers address the needs of older GLBT adults; (2) To draw attention to the specific barriers facing older transgender adults; (3) To promote community and provide opportunities for social networking and support; (4) To facilitate connection to a network of services; (5) To include diverse populations and offer an environment free of bias which welcomes and affirms all people; and (6) To collaborate with partners to provide services, advocacy, education, and training.

Note: For this report, GLBT will be used as it directly relates to the acronyms for SAGE Maine whereby the "G" in SAGE refers to Gay, Lesbian, Bisexual & Transgender (GLBT). LGBT will be written if used by organizations cited in this report or is the acronym expressed by the survey respondents.

Purpose of the Health Practitioners Survey Project

The *Health Practitioner Survey* is the first of two surveys designed to gain insight into the awareness and preparedness of the broad arena of health care that serves older GLBT adults. This survey focused on the medical environment, while the second survey focuses on community and social services. The primary purpose for conducting this survey was to gain information from physicians (DO & MD), advanced practice nurses, nurse practitioners, and physician assistants to further SAGE Maine's understanding of the medical care service environment in Maine for older gay, lesbian, bisexual and transgender adults.

This is an important time to bring to the fore the good work of the medical community and to note the areas that warrant improvement. The major health care delivery systems and

health insurance coverage changes underway provide an excellent opportunity to thoughtfully address older adult GLBT sensitive and competent health care. The results of this survey, coupled with that of the community service providers survey and the GLBT Aging in Maine Community Needs Assessment (Gugliucci et al, 2013), serve as a foundation for SAGE Maine efforts to enrich the lives and health care of older adults in the GLBT community.

Background

The health of gay, lesbian, bisexual and transgender people has only recently risen to national attention as a critical health equity issue. The Institute of Medicine (IOM) has acknowledged that clinicians and researchers do not have complete information about the health status of GLBT individuals and, therefore, outlined a research agenda. The IOM concluded: "Lesbian, gay, bisexual, and transgender (LGBT) individuals have unique health experiences and needs, but it is not known exactly what those experiences and needs are" (2010, p. 4). Although there are a number of GLBT health resources, currently the Health Services Resource Administration (HRSA) recognizes The National LGBT Health Education Center at the Boston-based Fenway Institute as the largest health center of clinical research and source of training resources for the medical community. The Center helps community health centers improve the health of GLBT populations by consulting with health centers and developing curricula focused on caring for GLBT people. Additionally, the National Resource Center on LGBT Aging is the country's first and only technical assistance resource center aimed at improving the quality of services and supports offered to lesbian, gay, bisexual, and transgender older adults. Established in 2010, through a federal grant from the U.S. Department of Health and Human Services, the National Resource Center on LGBT Aging provides training, technical assistance, and educational resources to providers, LGBT organizations and LGBT older adults. The center is led by SAGE (Services & Advocacy for GLBT Elders) in collaboration with 18 leading organizations from around the country.

Central to the challenge of assessing the health status of GLBT individuals has been the lack of defensible information on the demographics of GLBT people. In 2010, the U.S. Census Bureau published its first report of those who identified themselves as same-sex couples, although it was in 1995 that the unmarried partner category was added to the Current Population Survey (CPS). These were the first steps in gaining information on the demography of GLBT people--albeit the accuracy of the responses remains in question. Acknowledging that researchers' estimates of the numbers of GLBT people varies, it has been estimated that about 15,000 Maine adults over the age of 60 are lesbian, gay, bisexual, or transsexual. While indications are that southern Maine is a gay-friendly "hot spot," little is known about the demographics of Maine's rural and sub-urban GLBT older adults.

According to Healthy People 2020, GLBT individuals experience a range of health disparities, challenges, and lack of access to care as a result of discrimination, victimization and stigma. Older GLBT individuals face additional health risks because of isolation, low income, lack of social services, as well as culturally competent providers. Recognizing these disparities, the Agency for Healthcare Research and Quality (AHRQ) included GLBT individuals among its priority populations in its 2011 and 2012 National Healthcare Disparities Reports (AHRQ, 2013).

Absent accurate data on the number of Maine GLBT older adults and where they live, it is difficult to assess their accessibility to culturally sensitive and competent health care. Furthermore, it is difficult to develop programs that will assist health care practitioners to meet the unique needs of their GLBT patients—an important goal of SAGE Maine. This survey, then, is only a beginning to gain understanding of the perspectives health practitioners have regarding their comfort with and knowledge of providing health care to older GLBT people.

Study Methods

In 2013, the SAGE Maine Board voted to establish an Ad Hoc Health and Social Services Survey Task Group (aka Task Group) focused on older adult GLBT health. The charge for the Task Group was two-fold: (1) To create and distribute a survey to health practitioners (allopathic physicians, osteopathic physicians, nurse practitioners, advanced practice nurses, and physician assistants) in the state of Maine in order to gather information regarding health care practices and sensitivities to GLBT older adults; and (2) To create and distribute a survey to social service providers in the state of Maine in order to gather information regarding social service practices and sensitivities to this same group of older adults. This report addresses the first charge for the Task Group.

Survey Design

The health practitioner survey was designed and reviewed during the summer and fall of 2013. The survey was created by the members of the Task Group with assistance from the University of New England College of Osteopathic Medicine Q Med Club members (GLBT and Allies medical student organization) and guidance from the Society for Teachers of Family Medicine (STFM) LGBT interest group. Additionally, the Task Group accessed a physician survey designed by the GLMA ~ Gay/Lesbian Medical Association (http://www.glma.org/) and adapted questions for the Maine practitioners' survey, citing and acknowledging the GLMA survey. The survey questions were reviewed by the SAGE Maine Board and then beta tested with clinical faculty/practitioners associated with the University of New England health professions programs and leaders of Maine practitioner professional associations.

Survey Content

There were a total of 24 questions, 6 that allowed open-ended answers and/or comments and 5 questions dedicated to ascertaining demographic information (See Appendix A: Survey Questionnaire). The Survey was structured into 5 topic areas: 1. Practice Environment (Questions 1-6); 2. Medical Practice (Questions 7-11); 3. Medical Referrals

(Questions 12-14); 4. General Comments Regarding Health Care for GLBT Elders in Maine (Questions 15-18); and 5. Demographics (Questions 19-23). The last question (Question 24) provided respondents with an opportunity to write General Comments. The respondents were asked early in the survey to answer questions from the perspective of their own practice environment – beginning with how they welcome their GLBT patients and progressed to questions focused on older adult GLBT health care practice.

The survey included an instruction page stating this was a brief, anonymous, 7 minute survey conducted by SAGE Maine to gain understanding from practitioners who provide health care services to older gay, lesbian, bisexual, and transgender (GLBT) adults in Maine. Only aggregate outcomes and anonymous comments were to be presented in the summary report. To ensure uniformity of language application when answering the survey questions, the following definitions were included on the introduction page of the survey:

Definitions:

1. GLBT – Gay, Lesbian, Bisexual, and Transgender
2. Transgender – A person whose gender identity (sense of one's self as male or female) is not aligned with the sex they were assigned at birth.
3. Practice Environment – office or environment (building) where your health care/medical services are provided.
4. Advanced Practice Registered Nurses (APRN) – Includes nurse practitioners, clinical nurse specialists, nurse anesthetists, or nurse midwives.

Survey Distribution

To cast the widest net for respondents, the survey was designed so that it could be distributed on-line using Survey Monkey. In January, 2014 the Health Practitioner survey was distributed to leaders of various health professions organizations in Maine (See Appendix B ~ SAGE Maine Survey Distribution List). Each organization that agreed to participate sent the survey link to their members a number of times. Periodic reminder

notices were sent during February and March. A deadline of March 8, 2014 was set for survey completion.

Survey Assessment Data Analysis

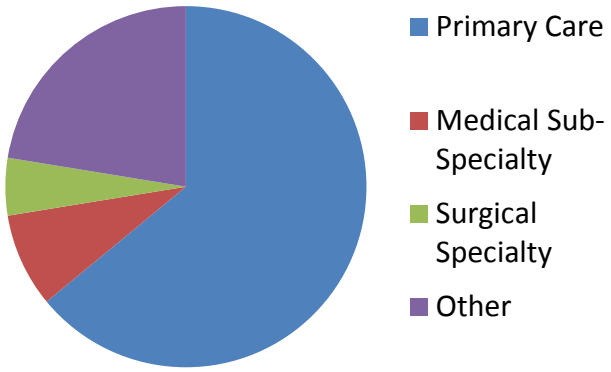
Once the survey response period was closed, a Survey Monkey Data Summary Report was generated that contained data, charts, and responses to open ended questions. This summary was reviewed by the Task Group co-chairs who then conducted a combination of descriptive statistics, comparative question analyses, and collated representative survey respondent statements. These analyses were reviewed by the Task Group members and are presented in the Results section of this report. The results include the demographic data and profile of the respondents along with question specific outcomes.

Results

Demographics (Survey Questions 19-23)

The survey distribution strategy (Methods section) generated a total of 100 completed surveys by volunteer respondents. Advanced Practice Nurses and Nurse Practitioners accounted for 50% of the respondents, Physicians (MD and DO) accounted for 45% of the respondents, and Physician Assistants accounted for 5% of the respondents. Twenty percent (20%) of the respondents reported additional geriatrics training and/or certification. Most respondents had no additional training, certification or fellowship in geriatrics (80%). The practice specialties included: Primary Care (68.5%), Medical Sub-specialty (9%), Surgical Specialty (5.5%), Emergency Medicine (2%) and Other (24%) that included Neuromuscular Medicine, Psychiatry, OB/GYN, Geriatrics, Women's Health and Palliative Care (See Chart 1: Practitioners).

Chart 1: Practitioner Specialty



The practitioners responded from 15 of Maine's 16 counties, but the number of respondents from each county was not representative of the number of practitioners in each county (See Appendix C: Respondents by County).

The practitioners who responded were in practice for a variety of years, with the majority having practiced for more than ten years. Approximately 40% of the practitioners have been in practice for 20+ years, followed by 19% that have been in practice for 16-20 years,

and approximately 14% that have been in practice either 11-15 years or 6-10 years. Thirteen percent (13%) were in practice for 0-5 years.

PRACTICE ENVIRONMENT (Questions 1-6)

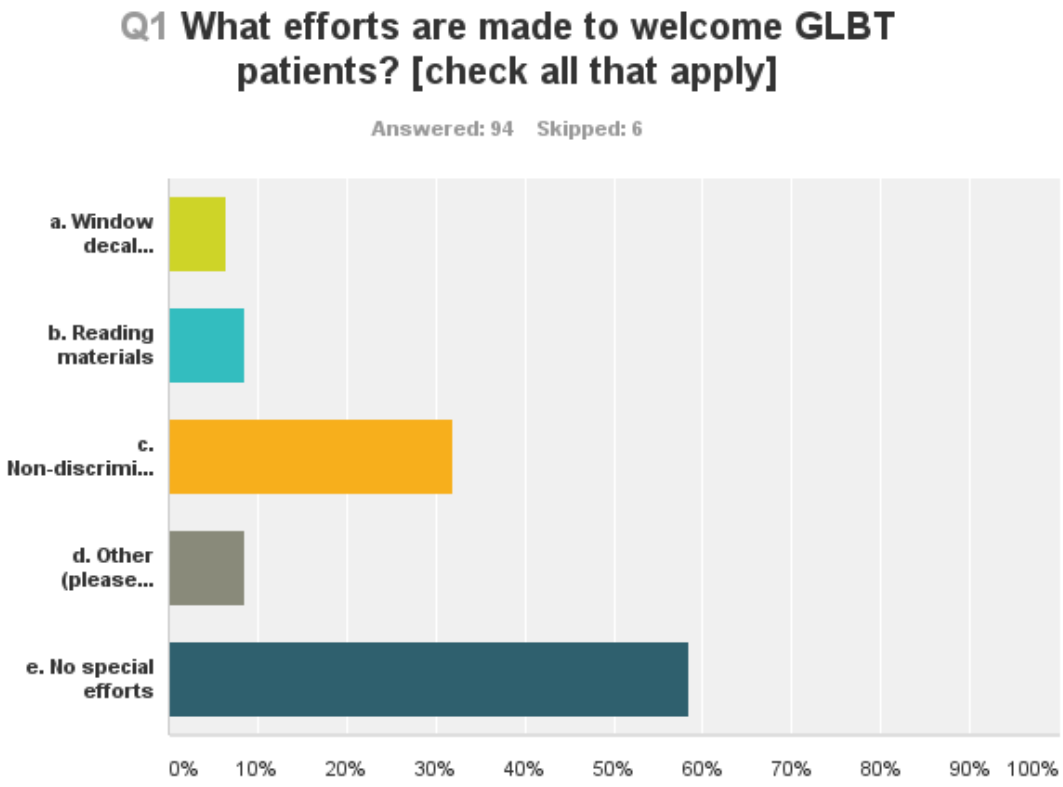
Questions 1-6 were designed to ascertain information on the general practice environment where the respondents work and the degree of GLBT friendliness and openness. These questions were not age specific so answers were not intended to be older adult GLBT specific.

Question1. What efforts are made to welcome GLBT patients?

Approximately 32% or the respondents indicated they have non-discriminatory policies or language prominently displayed. Although no data were collected to determine how the policies or language were arrived at or displayed. Fewer than 10% of practitioners displayed window decals or provided reading materials directed towards GLBT patients. A small number of respondents commented that they displayed "Safe Space" decals in the exam rooms, included same sex questions in the sexual history, and relied on word of mouth from other GLBT patients as a referral mechanism. One practitioner was known locally for her supportive care of transgender people and teens. Another practitioner was known as GLBT friendly due to "my identity as bi."

Of note, 58% of respondents reported making no special efforts to welcome GLBT patients. Associated with this result were such comments as: "everyone is welcome;" "we make special efforts to be nice to everybody;" "there are no efforts to offer services to heterosexual patients;" and "all patients are treated the same." While these practitioners may be "patient-friendly," these comments fail to express that special health needs of GLBT patients are anticipated or that the practice environment could feel threatening. Patients who are not comfortable with their own gay, lesbian, or bi-sexuality, and/or are transgender identity, may feel especially vulnerable when a practice fails to display clear messages of inclusion (See Table 1: Q1 Results).

Table 1: Q1 Results

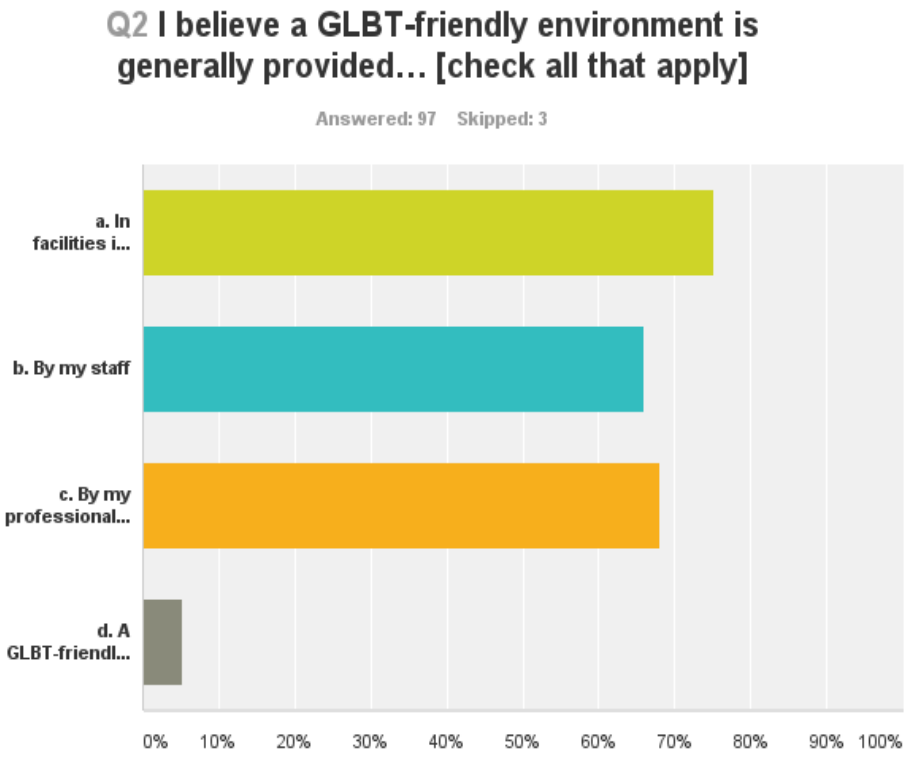


When comparing the answers provided by each professional group, physicians in this study relied on non-discrimination policies (38%) rather than reading materials (8%)but did not use window decals. Physician assistants relied only on non-discrimination policies (20%); and advanced practice nurses and nurse practitioners utilized non-discrimination policies (28%), reading materials (10%), and window decals (12%).

Question2. I believe a GLBT-friendly environment is generally provided…

Practitioners generally believe their practice environment is GLBT friendly. Specifically, a friendly environment is provided (a) in the facilities in which I practice (75%); (b) by my staff (66%); (c) by my professional partners (68%). Only 5% indicated (d) a GLBT friendly environment is not provided. The respondents were able to check all that apply (See Table 2: Q2 Results).

Table 2: Q2 Results

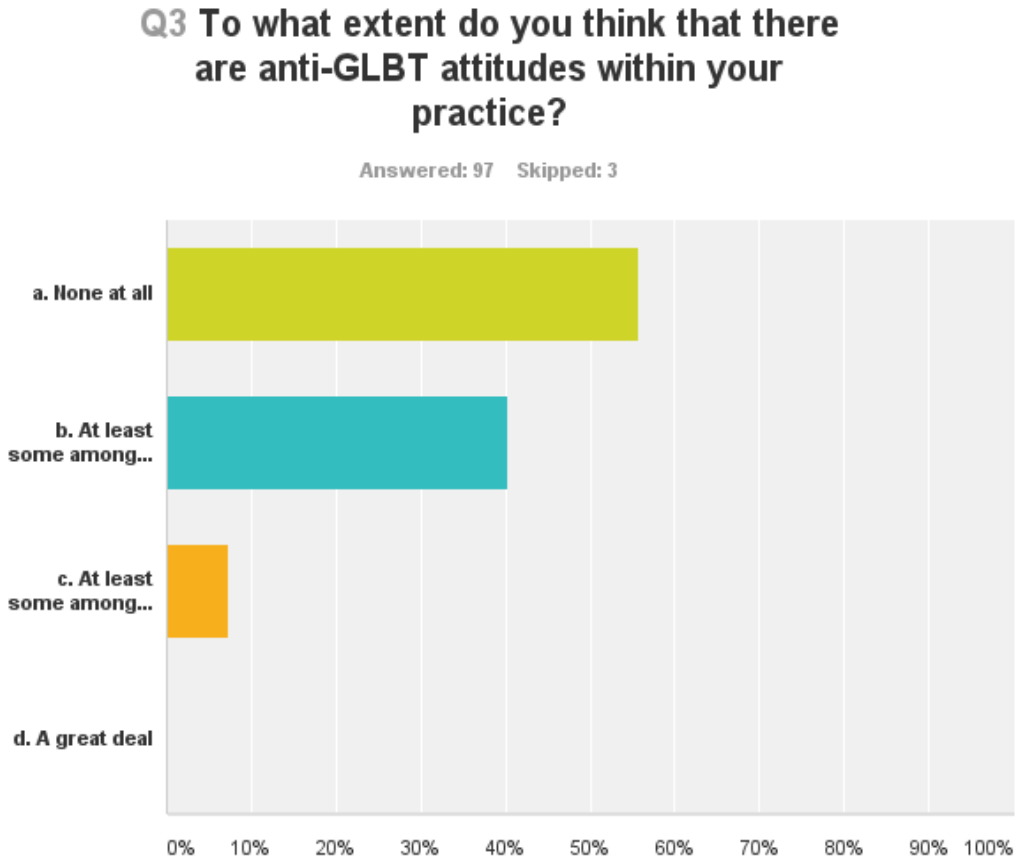


The comparisons of each group – physicians, physician assistants, advanced practice nurses and nurse practitioners – were comparable to the aggregate results although the APRN/NP group had a lower response rate to "by my staff" (53% compared with the aggregate of 66%) and "by my professional partners" (58% compared to the aggregate of 68%). Eighty percent (80%) of the physicians and 74% of the physician assistants answered that a GLBT friendly environment was provided by their professional staff.

Question 3. To what extent do you think that there are anti-GLBT attitudes within your practice?

Slightly more than half of respondents reported no overt anti-GLBT attitudes within their practices. They were more likely to report anti-GLBT attitudes among their staff (40%) than among practitioners. Only 7 respondents (7%) answered that there are "at least some [anti-gay attitudes] among providers within my practice." No one answered that there is a "great deal" of anti-GLBT attitudes (See Table 3: Q3 Results).

Table 3: Q3 Results



The aggregate data were comparable across each group – physicians, physician assistants, advanced practice nurses and nurse practitioners. However the APRN/NP group had a slightly higher response rate to "at least some among the office staff" (44% compared with the aggregate of 40%) and 11% compared to the aggregate of 7% felt that there were anti-GLBT attitudes among some of the providers in their practice.

Question 4. Is GLBT training provided in your practice environment?

Nearly 15% stated that they provided GLBT training in their practice environments. Training examples included: "training focused on GLBT sensitivity, health disparities, and unique health needs." No GLBT training was reported by 69% of respondents. Specifically, 67% of physicians, 80% of physician assistants, and 74% of APRN/NPs do not conduct any training. Approximately, 16% don't know whether GLBT trainings are conducted in their practice environments.

Question 5. How comfortable are you with providing medical care to GLBT patients?

Generally, respondents are comfortable providing care to GLBT patients, with 82% being very comfortable and 16% being somewhat comfortable. Only 2% answered that they are somewhat uncomfortable with providing care to GLBT patients. Four (4) people skipped this question. It is important to note that this question grouped gay, lesbian, bisexual and/or transgender persons. See Question 9 for results on respondents' comfort with each specific cohort.

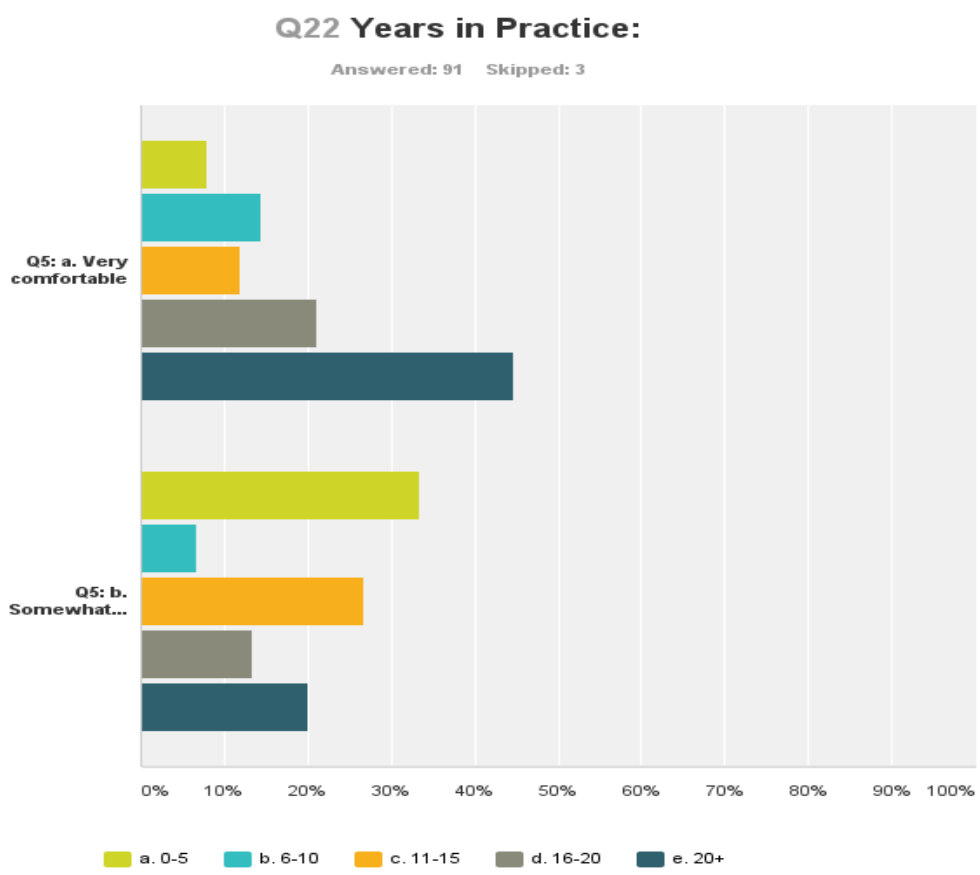
Physicians and APRN/NPs had the highest percentages of feeling "very comfortable" in providing medical care to GLBT patients; 88% and 74% respectively, with 40% of physician assistants feeling "very comfortable." The differences when comparing groups may be a factor of years of educational training.

The results from comparing years in practice (Q22) with comfort levels of providing medical care to GLBT patients (Q 5) revealed that those in practice for 20+ years had the highest level of comfort; 45% were very comfortable and 20% were somewhat comfortable (See Table 4. Q 5 x Q 22 Results).

Question 6. How comfortable are you in interacting with GLBT persons in general [outside of your medical practice]?

This question attempted to approach the issue of social interactions with GLBT persons, outside of the office. Although there is a difference between providing medical care to

Table 4: Q5 x Q22 Results



GLBT patients (Q5) and socially interacting with GLBT persons (Q6); social interaction may increase comfort in the practice environment. There was a similarly high level of comfort shown in these two questions (Q5 and Q 6) with 87 of the respondents stating that they are either very comfortable (90%) or somewhat comfortable (10%) interacting with GLBT persons outside of their medical practice. However, for the physician assistants only 40% felt very comfortable providing care to GLBT patients (Q5), while 80% felt very comfortable interacting with GLBT persons (Q6). Three practitioners didn't respond to this question.

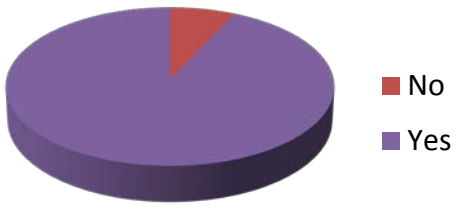
MEDICAL PRACTICE (Questions 7-11)

The five questions in this section were designed ascertain details about the health care practice and GLBT patient health care. This section contained questions that specifically addressed older GLBT patients.

Question 7. Do you have any self-identified GLBT patients?

The term "self-identified GLBT patients" indicates that patients state their identity as GLBT either on the medical forms, to the practice staff, or directly to the practitioner. A total of 88 practitioners (92.6%) answered "yes," illustrating that they have patients who are willing to share their GLBT identity. Only 7 practitioners (7.4%) answered "no" (See Chart 2: Self-Identified GLBT Patients).

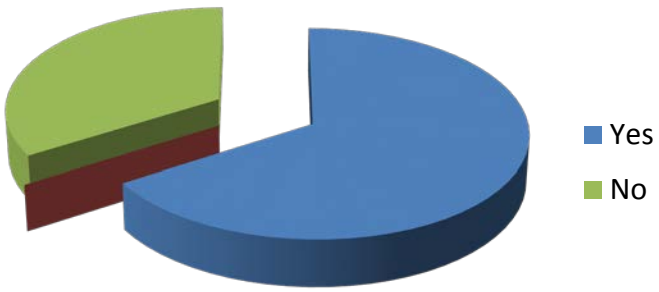
Chart 2: Self Identified GLBT Patients



Question 8. Are any of your GLBT patients 60 years of age or older?

There were a total of 92 respondents, 8 chose to skip this question. Of the respondents, 66% answered that they have GLBT older patients and 34% answered that they do not. Of the physician assistants who answered this survey, all of them indicated that their GLBT patients are 60 and older. For the 34% who answered they do not have older GLBT patients, it is possible they may have GLBT patients but this information has not been disclosed to the practitioner and was not elicited in the social or sexual history portion of the exam (See Chart 3: Older GLBT Patients).

Chart 3: Older GLBT Patients

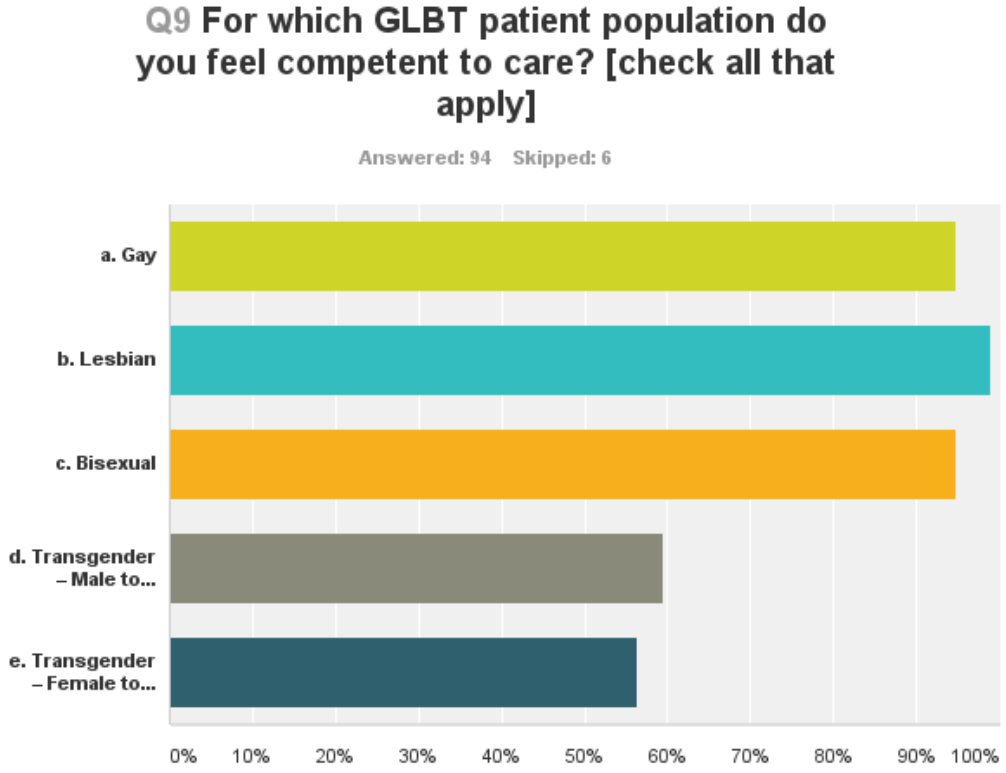


Question 9. For which GLBT patient population do you feel competent to care?
Respondents were able to check all answers that applied: gay, lesbian, bisexual, male to female, and female to male. This is the first question in the survey that addresses each cohort within the GLBT grouping. The survey would have been unwieldy to answer if this was done throughout the survey (See Table 5: Q9 Results).

Not surprising based on answers to the questions from the *Practice Environment* section (Q1-Q6), these practitioners believe they are competent to care for gays (95%), lesbians (99%), and bisexuals (95%). Fewer feel competent to care for individuals who are transgender: male to female (60%) or female to male (56%).

Although physicians felt equally competent in providing care to these two transgender populations (83% and 84% respectively), physician assistants and APRN/NPs have a significantly lower sense of competence to care for transgender male to female (20% PA; 40% APRN/NP) and transgender female to male (20% PA and 37% APRN/NP). No distinction was made about the age of the patient.

Table 5: Q9 Results

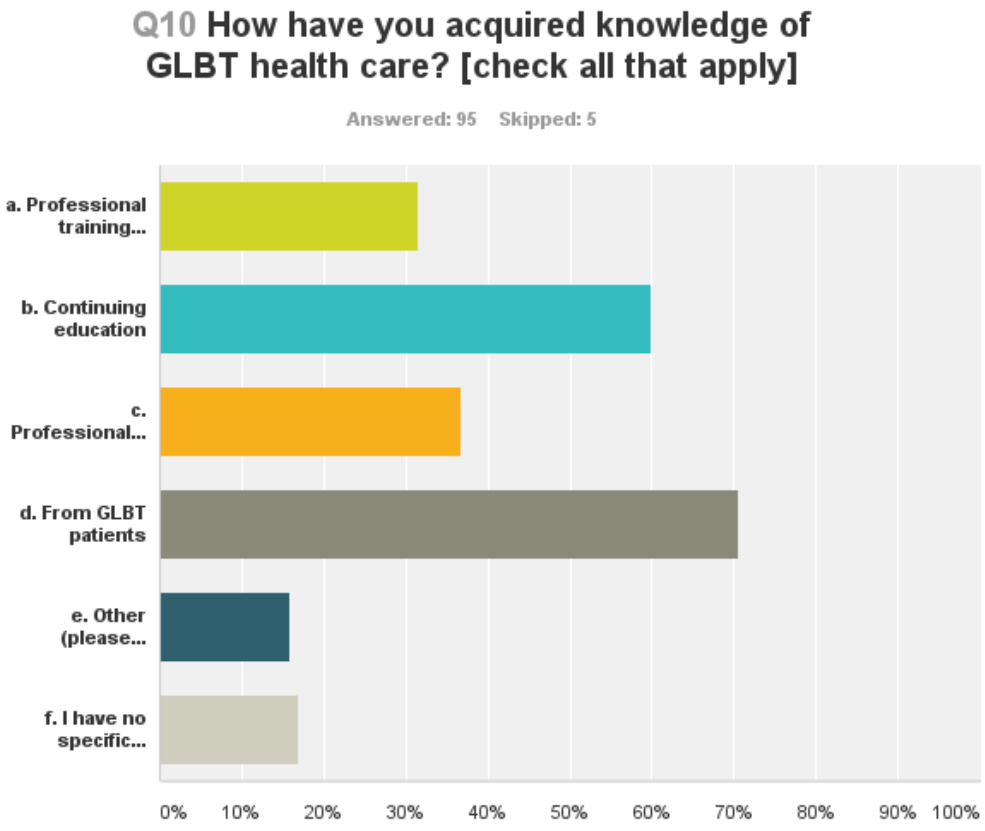


Question10. How have you acquired knowledge of GLBT health care?

Respondents were to check all answers that applied. Maybe not so ironic is that 70.5% of the practitioners have gained knowledge about GLBT health care from their GLBT patients. While this may speak well of information sharing between the patient and the practitioner – a key component to good care – it could be concerning. Even though patients may know their own body best, they are not (in most cases) trained in medical care. Continuing education accounts for 60% of how practitioners acquire knowledge about GLBT health. Although GLBT health is on the rise as a topic of education, practitioners need to seek out these opportunities as they are not abundant. Most likely there will be a webinar or sessions at a national conference for practitioners to access or attend. Professional colleagues account for 37% of how knowledge is acquired, again not knowing the integrity of the knowledge and how it was attained by the professional colleague. Seventeen percent (17%) stated that they have no specific knowledge regarding GLBT health care and 16%

indicated that they had other means of acquiring knowledge. There were 21 comments that included the following ways to acquire knowledge: reading, having GLBT friends, being lesbian/gay themselves, web based searches, medical school, residency training, and conferences. Friends, family and reading were the top responses expressed in the open comment section. Five practitioners skipped this question (See Table 6: Q10 Results).

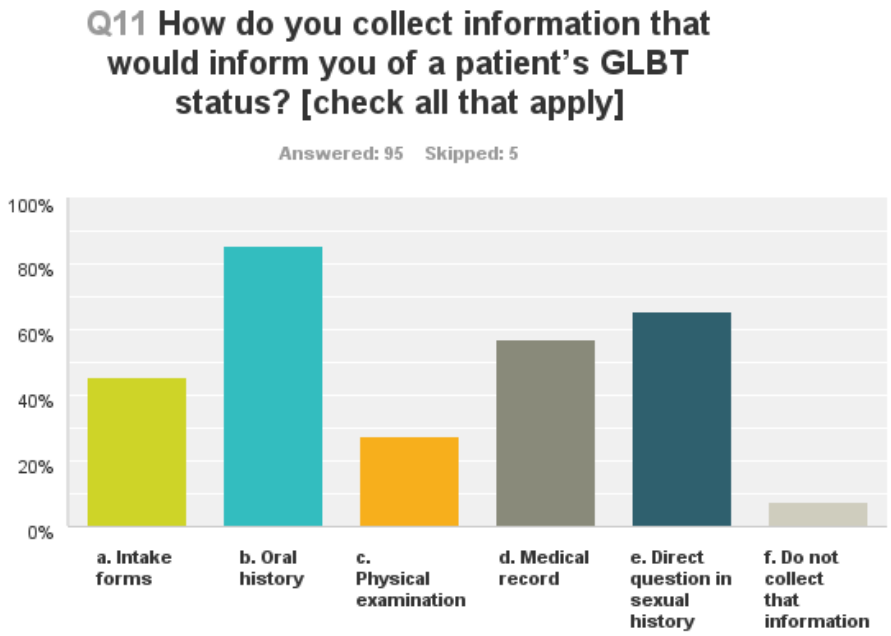
Table 6: Q10 Results



Question 11. How do you collect information that would inform you of a patient's GLBT status?

The top answer to this question was "oral history" (85%), followed by "direct question in a sexual history" (65%). Additional answers included "medical record" (57%), "intake forms" (45%), and "physical examination" (27%). Only 7% answered that they "do not collect this information" and 5 practitioners didn't respond to this question (See Table 7: Q11 Results).

Table 7: Q11Results



Aggregate data is representative of the data provided by each practitioner group – physician, physician assistant, and advanced practice nurse/nurse practitioners.

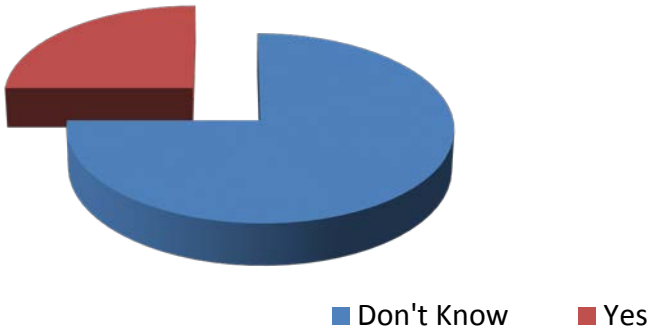
MEDICAL REFERRALS (Questions 12-14)

This set of three questions focused on medical and social service referrals and the degree to which practitioners knew these services were GLBT sensitive and/or competent.

Question 12. For your GLBT patients, are the medical and social services you refer to, including end of life care, GLBT sensitive and competent?

A quarter of respondents (25%) answered "yes" they know their referrals to be GLBT sensitive and competent, while 75% of the respondents do not know if the referrals they make are GLBT sensitive and competent. One respondent answered that s/he refers to a medical and/or social service provider who is not GLBT sensitive and competent (See Chart 4: Aware of GLBT Sensitive Referrals).

Chart 4: Aware of GLBT Sensitive Referrals



Question 13. Do you make a special effort to refer GLBT patients to GLBT sensitive/competent service providers?

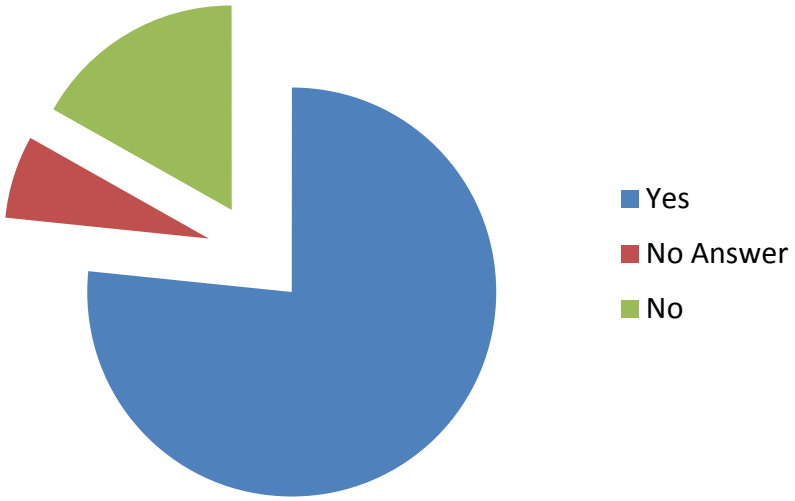
Nearly as many practitioners (47%) make a special effort as those who do not (53%). The "no" answer may imply that the practitioner is referring to either the best care providers regardless of their GLBT sensitivity/competence or referring to service providers they have had relationships with for many years (again implying good care providers).

However, in reviewing the data for each group of practitioners, physicians were less likely (36%) to make a special effort to refer to GLBT sensitive/competent providers as compared with physician assistants (80%) and APRN/NPs (55%).

Question 14. Do you make provisions to assure that the rights of GLBT couples are honored?

Seventy-six percent (76%) of the respondents answered "yes" and 17% answered no. There were 93 responses to this question with 7 (7%) choosing to skip the question (See Chart 5: Provision for Rights of GLBT Couples).

Chart 5:
Provisions for Rights of GLBT Couples



GENERAL COMMENTS REGARDING HEALTH CARE FOR GLBT ELDERS IN MAINE (Questions 15-18)

Questions 15 through 18 focused on older adult GLBT patients. To this point most questions referred to GLBT patients without regard to age. Only Question 8 asked if the practitioners had older GLBT patients.

Question 15. Regarding your GLBT elder patients (if applicable), are you aware of any instances in which these patients were discriminated against within their communities because they were GLBT?

An affirmative response was given by 20% of the respondents, although there were no follow-up questions to determine the source of knowledge or possible action by the practitioners. Thirty percent (30%) answered that they were not aware of any instances in which their patients were discriminated against within their communities due to their GLBT status, and 50% of the respondents didn't know.

Question 16. Regarding your GLBT elder patients (if applicable), are you aware of any instances in which these patients were discriminated against within a healthcare setting because they were GLBT?

Interestingly, 10% answered yes to this question. A higher percentage of practitioners were aware of discrimination against their patient in the community than in the health care setting. One question to consider is whether these patients experienced less discrimination in the health care setting or were less likely to share these experiences with their practitioner? Forty-three percent (43%) answered "no" to this question and 46% of the respondents didn't know if their patients experienced discrimination in the healthcare setting.

Question 17. Regarding your GLBT elder patients (if applicable), are you aware of any instances in which these patients were afraid to seek health care at certain locations due to anxiety/fears about potentially being discriminated against because they were GLBT?

Although 10% stated that their patients were discriminated against due to being GLBT (Q16), 24% of the practitioners answered that their patients were afraid to seek health care at certain locations due to fear/anxiety about potential discrimination. Thirty-two percent (32%) stated "no" to this question and 44% didn't know.

Question 18. Please describe any special considerations that you employ when you care for GLBT elders.

Open comments: The following comments were provided by the respondents. They are grouped according to themes: (Numbers in parentheses indicate the number of respondents who wrote similar comments).

RESPECT:

- *I treat them how I expect to be treated and I allow the patient to take the lead on how large the fact that they are GLBT is involved in our discussions.*

- *Extra time for conversation during the visits.*

- *Making it safe for them to be open with me and strategizing with them about how they want this information recorded in their medical record for times when one of my colleagues may care for them.*

- *Open disclosure and communication are crucial as well as the ability to consult with specialists with expertise and more experience than we have.*

- *Try to put them at ease so they may discuss their concerns without perceived bias/judgment. (2)*

- *As a gynecologist, I work to provide a comfortable and respectful environment for all of my patients, including lesbian/bisexual patients.*

DECISIONS:

- ✓ *Make sure they are aware of the importance of living wills.*

- ✓ *I really emphasize the need to have a healthcare proxy if they are not married. Many do not realize that they must have something in writing now that we have same sex marriage. For those not partnered in their life, I try to make sure they have a friend or family member who really knows them named as a proxy. The folks in this age group have often lived "underground", not just in a closet, and are not informed as to their options now.*

- ✓ *Including partners in care decisions if desired. (2)*

SAME AS OTHER PATIENTS:

- *There is no special consideration, they are treated the same as any other patient. (2)*

- *I treat them like anyone else; and like anyone else, their individual circumstances guide considerations.*

- *Treat them with respect as I will any individual...because they are all created in the image of God.*

- *I treat them as individuals with medical needs.*

- *General health screening, sexual health and mental health.*

- *I try not to ignore sexuality.*

SPECIAL PRACTICE:

- *Our intake forms ask about gender identity and preferred pronouns. We ask about sexual orientation and sexual attraction.*

- *My intake form is intentionally worded to be inclusive and not make any assumptions. I also provide hospice services & have not found any staff nurses to have any problems dealing respectfully with patients and the loved ones they identify.*

- *An open and affirming climate and staff.*

EXPRESSED CONCERN:

- ✓ *I honor patients' privacy. If they have any issues to bring up I will discuss with them!*

- ✓ *I do not want to pry into a person's sexuality unless it contributes to their care. Most patients are offended if you do pry.*

- ✓ *The reality of time constraints for the most part does not permit delving into this private issue of someone's life.*

- ✓ *Please don't add more junk to the intake questions we need to ask patients.*

- ✓ *My experience with GLBT patients has been positive, and many of them have been assertive enough to discuss and find the resources they need.*

- ✓ *Adding this inquiry to a form and having a naive Medical Assistant have to ask these person questions is inappropriate!*

- ✓ *We do not have the time or resources to spend on more training, for such a small number of patients.*

- ✓ *No GLBT elders. (3)*

- ✓ *My practice (ophthalmology) does not generally require any special considerations.*

GENERAL COMMENTS (Question 24)

After the demographic section of the survey, Question 24 offered all respondents the opportunity to provide general comments. Below are the comments that were submitted, they are grouped by theme.

GENERAL COMMENTS

- *I haven't made it routine to inquire about difficulties LGB patients encounter. I don't have any transgender (although we do have a transgender staff member) but if I did, I'm sure I would ask about both medical and psychosocial aspects of their adjustment.*
- *I don't see any difference in quality of care given to GLBT elders vs. heterosexual elders in my practice sites.*
- *I try to make sure that all my patients are treated with respect and staff that I feel have issues are counseled.*
- *In a rural area with limited resources, including providers, I do not have much choice to whom to refer my patients for other services.*
- *I care for several gay and lesbian couples, but treat them like any married couple i.e., asking if they want the other person in the room for an examination or for history taking.*

DISCLOSURE

- *I'm a lesbian myself.*
- *I am in a same sex relationship myself.*

THE SURVEY

- ✓ *Your survey questions need more N/A or not to my knowledge response choices.*
- ✓ *Thank you for doing this survey. I have heard fellow NPs ask for support in dealing with transgender patients. You might want to generate a list of websites and other resources for specific GLBT medical issues.*
- ✓ *I'm really glad to see that these issues are being addressed.*

- ✓ *Very pleased to be part of this survey and that you are conducting it. (2)*
- ✓ *I am pleased to see that someone is taking an interest in the care given to this often invisible population.*
- ✓ *I felt this was a waste of my time.*
- ✓ *Glad you are bringing awareness to the care of GLBT patients.*
- ✓ *Not sure why I was sent this. I think it is demeaning.*
- ✓ *This survey makes me a little uncomfortable in that it seems to presume that older LGTB people are encountering either discrimination or a lack of awareness of their needs during medical care. I have never observed this in my many years of practice, since all of our patients are treated equally and with attention to whatever issues are important to them, whether the issues are LGBT-related or not.*

TRAINING

- *Professional training would be most helpful because I have often felt as though I might inadvertently ask inappropriate or discriminatory questions because of my ignorance.*
- *I am not aware of any specific training or provisions that my practice has as I have only been here for 9 months and have not encountered specific issues though I do have G/L patients, I cannot answers questions about transgender patients as I have none.*
- *The EMR I use does not have GLBT sensitive markers to designate same sex partner.*
- *Offer awareness training on line that people can choose to participate in if they require the knowledge, DO NOT SHOVE THIS ISSUE DOWN OUR THROATS WE REALLY DO not care for this tactic.*
- *Need training.*
- *Seeking expertise on GLBT issues requires continuing education that needs to be sought out and is not a part of the traditional medical CME.*

Discussion

In 2013, a GLBT needs assessment was conducted as a requirement to establish a SAGE Maine affiliate (Gugliucci et al, 2013). The needs assessment revealed that health care was one of the top issues for the GLBT respondents. Two-thirds of the survey respondents stated that they have access to health care providers that are GLBT-sensitive. It was important to the respondents to have providers understand their special needs. Additionally, the respondents indicated serious worries about long-term care facilities. Sixty-three percent (63%) were concerned about the facility honoring their or their partner's will; 58% were concerned about visitation due to staff biases; and 53% were concerned about visitation due to facility regulations (Gugliucci et al, 2013). After this needs assessment was conducted the Defense of Marriage Act (DOMA) was determined to be unconstitutional by the Supreme Court (June 26, 2013). This has initiated the potential for change for GBLT individuals, at least legally, and may have addressed – in part – some of the aforementioned concerns.

This health practitioner survey was designed to ascertain information on health practitioners' awareness of GLBT cultural issues and competence in GLBT health care. The discussion is organized by survey topic areas: (1) Practice Environment; (2) Medical Practice; (3) Medical Referrals; and (4) General Comments Regarding Health Care for GLBT Elders in Maine.

(1) Practice Environment (Questions 1-6): With the majority of practitioners making no special efforts to welcome GLBT patients (approximately 60%), health care practices may want to be more proactive in displaying GLBT friendly decals, reading materials (that apply to a wide range of ages), and their non-discrimination policies. The American Medical Association adopted wording to include GLBT into their non-discrimination policies in 2010, and subsequently was adopted by the American Osteopathic Association in 2012.

Although practitioners reported that a GLBT friendly environment was provided by their staff and professional colleagues and that there was little anti GLBT sentiments expressed in the health care practices of these respondents, the issue remains that GLBT persons often times remain silent about their sexual orientation and preferences due to the history of hostility associated with being gay, lesbian, bisexual, and/or transgender. One might expect those practitioners with fewer years of experience in practice to be more comfortable with alternative lifestyles and therefore able to provide competent care. However, the data illustrates that those with more years of experience, especially 20+ years, feel most competent to care for GLBT patients; possibly indicating that this is not an issue of age or training, but one of experience.

The majority of health care settings represented in this survey do not provide GLBT related trainings to their staff. We need our health care settings to promote a welcoming environment with trained staff and professionals in order to improve health care of GLBT patients. Those few practices (5% in this survey) where a GLBT friendly environment is not provided, may pose a health risk for GLBT patients in general and especially for GLBT older adults who have higher rates of health practitioner encounters. Practitioners noted the limited GLBT training resources. SAGE Maine, in collaboration with professional associations, can increase the availability of training from the National LGBT Health Education Center, SAGENet, and other organizations.

(2) *Medical Practice (Questions 7-11):* Of note, the majority of the practitioners who responded to this survey learn about providing GLBT sensitive health care from their GLBT patients. However, in order to provide informed and evidenced based care, practitioners require formal education on topics related to GBLT health. It is important to learn the specific needs/conditions associated with each diverse group while treating each patient as an individual. It must be noted that practitioners, especially physician assistants and advance practice nurses feel less competent to provide care to transgender persons than gay or lesbian people—a clear indication

of need for more training.. The responses of each practitioner group – physicians, physician assistants, and APRN/NPs have indicated that continuing education is how they attain their knowledge to care for GLBT patients rather than from their professional education. The prescribed accreditation standards for educational curricula for each practitioner group tend to leave little room for GLBT health education. This content is often non-existent or minimal during those educational years. Relying on patients to inform practitioners may increase pathways of communication between the patient and the practitioner; however, evidenced-based care or standards of care established for gay, lesbian, bi-sexual, and transgender health are important to teach during professional and continuing education.

The convention is to group gay, lesbian, bisexual and transgender persons, but within this group are individuals with diverse needs. Although 93% of health practitioners responded that they have patients that self-identify as gay, lesbian, bisexual, and/or transgender and 66% of the respondents stated that they have older GLBT patients; there are no data on how many of their patient panel is GLBT. Regardless of the number of patients, continuing education is necessary. It is important that we ensure that practitioners are both *culturally* and *clinically* competent to provide the best possible health care to GLBT older adults.

How the practitioner ascertains whether their patients are GLBT is important to providing good care. The majority of these practitioners gained that information through oral history (85%) and/or direct questions in the sexual history (65%). This gives credence to the importance of the relationship between the practitioner and the patient, and the competence of the practitioner to ask about sexual and social history. This also suggests that Maine practitioners may be more effective in care of older adults than those polled in national studies. Dr. Robert Butler, an internationally renowned geriatrician, stated that nationally only 38 percent of older men and 22 percent of older women had discussed sex with a physician since turning 50. He believes the underlying problem is twofold. "Doctors in general have

hardly any time to talk to patients," and "They are also not educated about sexuality -- especially old age sexuality" (Bord, 2007). Add to this the stigma of being gay, lesbian, bisexual and/or transgender and there is double jeopardy for the older adult patient.

(3) *Medical Referrals (Questions 12-14):* The issues regarding medical referrals for a person who may be gay, lesbian, bisexual, and/or transgender can be numerous. Three quarters (75%) of the survey respondents answered that they do not know if the referrals they make to medical and social services, including end of life care, are GLBT sensitive. GLBT older adults value feeling comfortable with their health practitioner, and yet a referral to another practitioner or service could jeopardize the patient's comfort level and health care. Although nearly half responded that they make a special effort to refer their GLBT patients to GLBT sensitive/competent providers, some issues remain a concern: (a) how many practitioners are skilled in GLBT health care and more specifically, transgender health care; (b) do practice policies support (or preclude) referrals outside their practice group to assure GBLT competence; (c) will a GLBT older adult receive competent care from a practitioner who has not been trained in GLBT health; and (d) does training in GLBT health ensure competent care. Once again we are faced with the knotty fact of the diversity in age, culture, lifestyle, sexual preference, education levels, socio-economic status, and more.

Regarding practitioners making provisions to assure that the rights of GLBT couples are honored, 76% responded that they make provisions. As the survey didn't ascertain the type of provisions a practitioner might make, responding "yes," doesn't reveal much. The first step to honoring and protecting those rights is for patients to disclose their GLBT identity and to make known who is part of their decision making process. Then the onus for competent health care falls to the practitioner, which includes honoring patients' requests. At the very least, one could presume that if the practitioner is GLBT sensitive, s/he will factor in the GLBT status of the patient when making medical referrals and providing patient care.

(4) *General Comments Regarding Health Care for GLBT Elders in Maine (Questions 15-18):* As elder mistreatment abounds in our society, ensuring that practitioners are scanning for the signs of abuse is challenging at best. Add to this the issue of being a GLBT older adult and there is instant double jeopardy – being older carries its own stigmas and being an older GLBT person adds even more stigmas. Approximately 20% of the practitioners responded that they are aware of their older patients being discriminated against because they are GLBT; and 10% were aware of instances of their patients being discriminated against within a healthcare setting because they were GLBT. These low percentages may or may not accurately reflect the level of discrimination experienced by older GBLT patients. Of importance is that nearly half of the practitioner respondents don't know if their older GLBT patients experience discrimination in their communities or within a healthcare setting. Of course the issue is much more complicated, in that practitioners may not be asking or picking up the signals about safety and may not be aware of safety issues unique to being GLBT. Additionally, patients may not feel comfortable sharing such information or may not realize they are in a vulnerable situation. Conversely, discrimination may not be occurring.

Finally, when respondents were asked for descriptions of any special considerations when caring for GLBT elders, a common response was that there are no special considerations made for older adult GLBT patients – they are treated the same as any other patient. The intent may be commendable, but the question remains if special needs of GLBT patients, especially older patients, are being identified and met. Some practitioners stated that they have no GLBT older adult patients. While this may be possible, even likely, are practitioners sure? The stigmas associated with being older and GLBT can be oppressive and it would take a very sensitive practitioner, a safe environment, and a willing patient to have such information shared.

Overall, the comments from this group of practitioners imply sensitivity to GLBT patients. Most of the practitioners in this survey expressed GLBT sensitivity by encouraging their patients to have a health care proxy who really knows them. As one practitioner stated: *"This age group have often lived "underground", not just in the closet…"* Some practitioners are ensuring that partners are included in care decisions.

Practitioners are continually engaged in continuing education and professional development to stay up to date with ever-increasing diagnostic and treatment information. One respondent pointed out the dilemma of adding another dimension to their professional acumen: *"not having time or resources to spend on more training for such a small number of patients*." As education specific to GLBT health did not occur during their formal educational training, continuing medical education on this topic needs to be offered. But, as this is not mandatory training we are left with the dilemma of how best to help practitioners apply best practices when providing health care to older GLBT patients.

According to the National LGBT Health Education Center, Practitioners must be informed about GLBT health care for two reasons. *First, there is a long history of anti-GLBT bias in healthcare which continues to shape health-seeking behavior and access to care for LGBT individuals, despite increasing social acceptance; and second, although there are no LGBT-specific diseases, clinicians must also be informed about LGBT health because of numerous health disparities which affect members of this population* (Ard & Makadon, 2012, p.3).

Study Limitations

Despite the significant outreach efforts and follow up there were a minimal number of respondents to this on-line survey, only a 1.64% response rate (See Table 8: Maine State Practitioner Numbers). With this stated, this is the first Maine statewide survey of health practitioners on the subject of GLBT patients and especially older adult GLBT patients. While this first-time assessment of health practitioners may be described as a success at the pilot study level, it cannot be deemed conclusive due to its low response rate. Hopefully, it serves its purpose in raising awareness on the subject.

Table 8: Maine State Practitioner Numbers

Practitioner	State Numbers	Note	Survey #s
NPs/APN	1,088	As of 5/14	47
PAs	990	Employed as of 5/13	5
Physicians	MDs=3,420 DOs=611	2011*	43 (DO/MD)
No Profession Indicated			5
Total	6,109		100

*AAMC 2011 State Physician Workforce Data Book

Although questions were vetted and continually reviewed until the survey launch date; the survey results indicated that some questions failed to generate definitive responses; which led to more questions rather than answers. As noted there were respondents from 15 of Maine's 16 counties, albeit the numbers failed to be representative. Future studies would benefit from gathering additional information to conduct comparisons of rural and urban areas.

Recommendations and Conclusions

This SAGE Maine Health Practitioners Survey was based on a convenience sample of allopathic physicians, osteopathic physicians, physician assistants, nurse practitioners, and advanced practice nurses. Although this was not a representative sample of health practitioners in the state of Maine, it provided a window into the health care world of GBLT patients and presented some issues that older GLBT patients experience. Only 100 health practitioners completed the survey and an average of 5 respondents failed to answer each question. For those who answered this survey, it provided some data that raised significant issues. For example, is it a sound practice to treat all patients the same regardless of whether they are GLBT or not? Should there be special considerations made for GLBT patients and especially older GLBT patients? It is the opinion of this Survey Task Group that it is not enough for older GLBT adults to feel comfortable with their practitioner. The practitioner should have knowledge regarding optimizing GLBT older adult health. Practitioners should not be learning about older adult GLBT health only from their patients. There should be training, provided through a variety of venues so that practitioners have a choice of the type of learning venue that works best for them.

Health care available to Maine GLBT older adults is commendably sensitive, yet there is much that can be done to improve care. SAGE Maine's challenge is to improve the "practitioner-patient" partnership and raise awareness of the importance of cultural and clinical competence in GLBT health care. Towards that end the following SAGE Maine goals are recommended:

- Enlist the assistance of national and state resources, including UNECOM and Tufts/MMC Medical School, in developing and/or providing continuing medical education in GLBT health.
- Promote GLBT health continuing education through Maine professional associations.
- Establish a practitioner GLBT Interest Group focused on identifying and disseminating GLBT care best practices.

- Establish a research assistantship for health professions students to maintain SAGE Maine web-based training and education resources appropriate for practitioners and their staff.
- Sponsor GLBT health sessions for consumers and caregivers.
- Help practices establish clear messages of GLBT inclusion.

A Final Word:

As stated in the introduction of a National LGBT Health Education Center publication: *Suffice to say, the GLBT community is diverse, but the G, L, B, T acronym suggests homogeneity among and across each group. Conversely, each letter, representing 4 groups, encompasses a wide range of people of different races, ethnicities, ages, socioeconomic status, identities and health needs. What binds them together as social and gender minorities are common experiences of stigma and discrimination, the struggle of living at the intersection of many cultural backgrounds and trying to be a part of each, and, specifically with respect to health care, a long history of discrimination and lack of awareness of health needs by health professionals* (Ard & Makadon, 2012). In Maine, this survey and resultant report are the first steps to raising awareness about older adult GLBT health care. We are on the path to challenge that long history of discrimination and lack of awareness of health needs. Maine's older GLBT adults deserve informed GLBT health care practices.

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APPENDICES

Appendix A: Survey Questionnaire

Appendix B: Distribution List

Appendix C: Respondents by County

Appendix D: Resources for Practitioners

Appendix A

SAGE Maine Survey Questionnaire

INTRODUCTION

This brief anonymous 7 minute survey is being conducted by SAGE Maine to gain an understanding of the older adult Gay, Lesbian, Bisexual & Transgender (GLBT) health care service environment in Maine. We are specifically seeking the candid opinions of physicians, advanced practice nurses, and physician assistants.

Aggregated responses will be presented in a summary report and used to guide our advocacy, education and training efforts. It is our hope that the report will be helpful to professional medical associations and the Maine Office of Aging & Disability Services. Additionally, the results of this survey, coupled with that of community service providers survey and GLBT older adults needs assessment, will also serve as a foundation for SAGE Maine efforts to assist in enriching the lives of elders in the GLBT community.

This is an important time to bring to the fore the good work of the medical community and to note the areas we want to improve. The major health care delivery systems and health insurance coverage changes underway provide an excellent opportunity to thoughtfully address GLBT older adult health care. By clicking “NEXT” your anonymous consent is provided to complete the survey.

Thank You!

Definitions:

1. GLBT – Gay, Lesbian, Bisexual, and Transgender
2. Transgender – A person who’s gender identity (sense of one’s self as male or female) is not aligned with the sex they were assigned at birth.
3. Practice Environment – office or environment (building) where your health care/medical services are provided.
4. Advanced Practice Registered Nurses (APRN) – Includes nurse practitioners, clinical nurse specialists, nurse anesthetists, or nurse midwives, play a pivotal role in the future of health care.

Survey Questions:

PRACTICE ENVIRONMENT

1. What efforts are made to welcome GLBT patients? [check all that apply]
   a. Window decal designating your office as a safe place for GLBT patients (Rainbow sticker, etc.)
   b. Reading materials
   c. Nondiscrimination policies & language which are prominent and seen by all patients
   d. Other (please indicate in box below)
   e. No special efforts
   Other (please specify)

2. I believe a GLBT friendly environment is generally provided… [check all that apply]

   a. In facilities in which I practice
   b. By my staff
   c. By my professional partners
   d. A GLBT friendly environment is not provided
   e. None at all

3. To what extent do you think that there are anti-GLBT attitudes within your practice?
   a. None at all
   b. At least some among office staff
   c. At least some among providers within my practice
   d. A great deal

4. Is GLBT training provided in your practice environment (eg. Training focused on GLBT sensitivity, health disparities, and unique health needs)?
   a. Yes
   b. No
   c. Don't know

5. How comfortable are you with providing medical care to GLBT patients?
   a. Very comfortable
   b. Somewhat comfortable
   c. Somewhat uncomfortable
   d. Very uncomfortable
   e. Don't know, I have no GLBT patients

6. How comfortable are you in interacting with GLBT persons in general [outside of your medical practice]?
   a. Very comfortable
   b. Somewhat comfortable
   c. Somewhat uncomfortable
   d. Very uncomfortable

MEDICAL PRACTICE

7. Do you have any self-identified GLBT patients?
   a. yes
   b. no

8. Are any of your GLBT patients 60 years of age or older?
   a. yes
   b. no

9. For which GLBT patient population do you feel competent to care? [check all that apply]
   a. Gay
   b. Lesbian
   c. Bisexual
   d. Transgender – Male to Female
   e. Transgender – Female to Male

10. How have you acquired knowledge of GLBT health care? [check all that apply]
   a. Professional training program
   b. Continuing education
   c. Professional colleagues
   d. From GLBT patients
   e. Other (please indicate in box below)
   f. I have no specific knowledge regarding GLBT health care
   Additional Comment(s)

11. How do you collect information that would inform you of a patient's GLBT status? [check all that apply]
   a. Intake forms
   b. Oral history
   c. Physical examination
   d. Medical record
   e. Direct question in sexual history
   f. Do not collect that information

MEDICAL REFERRALS

12. For your GLBT patients, are the medical and social services you refer to, including end of life care, GLBT sensitive and competent?
   a. Yes, I know them to be GLBT sensitive and competent
   b. No, they are not GLBT sensitive and competent
   c. I don't know if they are GLBT sensitive and competent

13. Do you make a special effort to refer GLBT patients to GLBT sensitive/competent service providers?
   a. Yes
   b. No

14. Do you make provisions to assure that the rights of GLBT couples are honored?
   a. Yes

b. No

GENERAL COMMENTS REGARDING HEALTH CARE FOR GLBT ELDERS IN MAINE

15. Regarding your GLBT elderly patients (if applicable), are you aware of any instances in which these patients were discriminated against within their communities because they were GLBT?
    a. Yes
    b. No
    c. Don't know

16. Regarding your GLBT elderly patients (if applicable), are you aware of any instances in which these patients were discriminated against within a healthcare setting because they were GLBT?
    a. Yes
    b. No
    c. Don't Know

17. Regarding your GLBT elderly patients (if applicable), are you aware of any instances in which these patients were afraid to seek health care at certain locations due to anxiety/fears about potentially being discriminated against because they were GLBT?
    a. Yes
    b. No
    c. Don't know

18. Please describe any special considerations that you employ when you care for GLBT elders.
    Open Comments

DEMOGRAPHICS

19. Profession:
    a. Physician
    b. Physician Assistant
    c. Advanced Practice Registered Nurse/Nurse Practitioner

20. Certification and/or Advanced training in geriatrics
    a. Yes
    b. No

21. Practice specialty:
    a. Primary care
    b. Medical subspecialty

c. Surgical specialty
d. Emergency Medicine
e. Other (please indicate in box below
Other (please specify)

22. Years in Practice:
a. 0-5
b. 6-10
c. 11-15
d. 16-20
e. 20+

23. County of your primary practice site
List county

GENERAL COMMENTS

24. General Comments:
List Comments

Appendix B

SAGE Maine Survey Distribution List

(As of January 2014)

1. MEAPA (Maine Association of PA's)
   Elizabeth Bailey-Scott PA-C, Director-at-Large
   Department of Inland Hospital
   PO Box 756, Skowhegan, ME

2. *Maine Nurse Practitioner Association*
   Rhonda C Selvin, President
   11 Columbia Street, Augusta, ME

3. Maine Osteopathic Association
   Angela Westhoff, Executive Director
   128 State Street, Augusta, ME

4. Maine Medical Association
   Gordon H. Smith, Executive Vice President
   30 Association Drive, Manchester, ME

5. Maine Primary Care Association
   Vanessa SantarellI, CEO
   Darcy Shargo, COO
   77 Winthrop St, Augusta, ME

6. State Office of Rural Health
   Matthew Chandler, State Office Director
   RH Clinics, FQHS managers, Quality Improvement Directors/Nurses

7. Maine Association of Family Practitioners
   Judy Chamberlain, Member & Leader
   21 Brown Rd, Hartland, ME

8. **Maine Association of Psychiatric Physicians**
   Dianna Poulin, Executive Director
   P.O. Box 190, Manchester, ME

Appendix C

Respondents by County

County (Alphabetical Order)	**# of Respondents**
Androscoggin	6
Aroostook	7
Cumberland	16
Hancock	3
Kennebec	8
Knox	2
Lincoln	8
Piscataquis	9
Penobscot	4
Oxford	3
Sagadahoc	2
Somerset	1
Waldo	2
Washington	5
York	3
Multiple Counties	5
Total	84 (16 skipped)

Missing: Franklin County

Appendix D

Resources for Practitioners

1. Ard, KL and Makadon, HJ, (2012) Improving the Health Care of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Understanding and Eliminating Health Disparities. The National LGBT Health Education Center, The Fenway Institute, Boston, MA Available at: http://www.lgbthealtheducation.org/wp-content/uploads/12-054_LGBTHealtharticle_v3_07-09-12.pdf

2. Gay Lesbian Medical Association, Washington DC, Available at http://www.glma.org/. Accessed July 20, 2014.

3. 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.

4. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Lesbian, Gay, Bisexual and Transgender Health, Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25.

5. Tom Waddell Health Center – 50 Lech Walesa St., San Francisco, CA 94102 – (415) 355-7400 http://www.dph.sf.ca.us/chn/HlthCtrs/transgender.htm Protocols for Hormonal Reassignment of Gender, Revised 05/07/13

6. TransLine: An online transgender medical consultation service that offers healthcare providers up-to-date transgender clinical information and individualized case consultation across a broad range of clinical transgender issues. Free of charge, and answers within 2 days. https://transline.zendesk.com/home

7. "Primary Care and Hormonal Treatments for Transgender Patients", Gorton, Nick, MD, DABEM. http://www.mghihp.edu/files/studentlife/transgen201.pdf

8. Endocrine Society: Endocrine Treatment of Transsexual Persons, Clinical Practice Guidelines, http://www.endosociety.org/guidelines

9. Vancouver Coastal Health Clinical Protocol Guidelines for Transgender Care http://www.vch.ca/transhealth

10. The World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. http://www.wpath.org

11. Fenway Community Health's Transgender Health Program
http://www.fenwayhealth.org

12. Gay and Lesbian Medical Association (GLMA) Transgender Health Resources:
http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=664&parentID=533&nodeID=1

13. Top Health Issues for LGBT Populations: Information & Resource Kit~ Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.lgbtagingcenter.org/resources/pdfs/TopHealthIssuesforLGBTPopulationsKit.pdf