

# Quality Healthcare for Lesbian, Gay, Bisexual & Transgender People

A Four-Part Webinar Series

## Part II:

# Creating a Welcoming and Safe Environment for LGBT People and Families



**GLMA**

Health Professionals  
Advancing LGBT Equality

# General Housekeeping

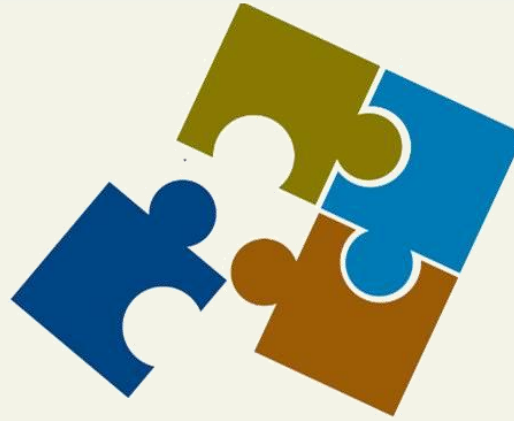
- If you experience any technical difficulties during the webinar, please contact GoToMeeting.com Customer Support at:

**1-888-259-8414**

**or**

**1-805-617-7002**

# About Us



*Hopkins Center for  
Health Disparities Solutions*

*“Exploration and Intervention for Health  
Equality...”*



**NIMHD**

Designated a “National Center of Excellence”  
by the National Institutes of Health,  
National Institute on Minority Health and Health Disparities



JOHNS HOPKINS  
BLOOMBERG  
SCHOOL of PUBLIC HEALTH



*Hopkins Center for  
Health Disparities Solutions*

# Cultural Competency Organizational Assessment-360 (COA360)



COA360<sup>TM</sup>

<http://www.coa360.org>



# Culture Quality Collaborative (CQC)



**CQC**

CULTURE QUALITY  
COLLABORATIVE

<http://www.thecqc.org>



# About GLMA

[www.glma.org](http://www.glma.org)

- \* GLMA works to ensure equality in healthcare for lesbian, gay, bisexual and transgender individuals and healthcare professionals.
- \* Multidisciplinary membership
- \* Patient Resources:
  - \* Provider Directory
  - \* “Top Ten Things to Discuss with your Provider”
- \* GLMA holds a national, scientific health conference each year  
(*Save-the-Date: Sept. 18-21, 2013 in Denver, CO*)
- \* *Soon-to-be-Released: GLMA’s Recommendations for LGBT Equity & Inclusion in Health Professions Education*

# Webinar Series Faculty



Today's presenter:

**Nathan Levitt, RN**

Community Outreach and  
Education Nurse



Callen-Lorde Community Health Center  
356 West 18th Street, New York, NY 10011  
[www.callen-lorde.org](http://www.callen-lorde.org)

# Learning Objectives

By the end of this webinar, participants will be able to:

- Describe barriers faced by LGBT people in accessing healthcare and why these barriers exist.
- Identify concrete tools to incorporate into your school, organization, hospital, or healthcare center to provide sensitive, affirming, informed and empowering healthcare for the LGBT community.







# AGENDA

## Creating a Welcoming Environment

- \* Understanding Barriers and Health Risks
  - \* Definitions
  - \* Barriers & Health Risks
    - \* Transgender
    - \* Youth
    - \* Older Adults
- \* Integrating Strategies
  - \* Environment
  - \* Policies
  - \* Trainings
  - \* Evaluation

# Checking In

- \* How many of you have had any training/experience with LGBT health?
- \* Is LGBT health included in your curriculum/practice?
- \* How equipped do you feel right now to address LGBT health concerns?

# Creating a Welcoming Environment

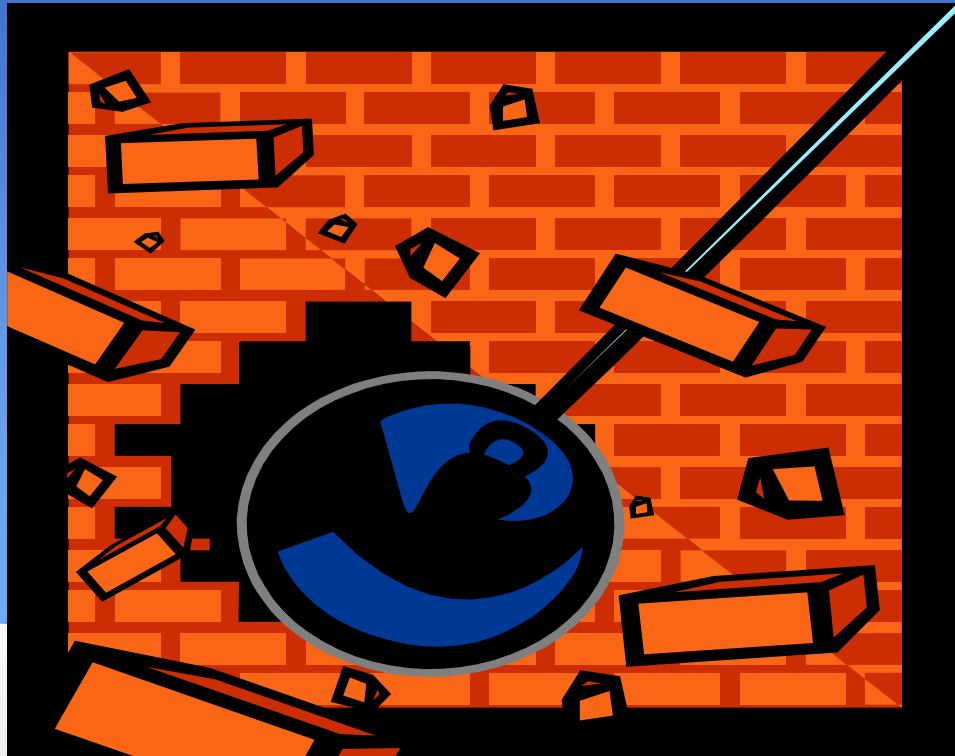


# Why is this important?



- \* Many LGBT people are in need of social services, medical care and basic access to employment and housing. LGBT people face many barriers to adequate service and health care, including discrimination, ignorance, poverty, prejudice, and fear.
- \* Many LGBT, especially transgender, people avoid care for preventive and urgent/life-threatening conditions
- \* There are **very** few health providers and hospitals in the country that have supportive and sensitive health services for LGBT people.

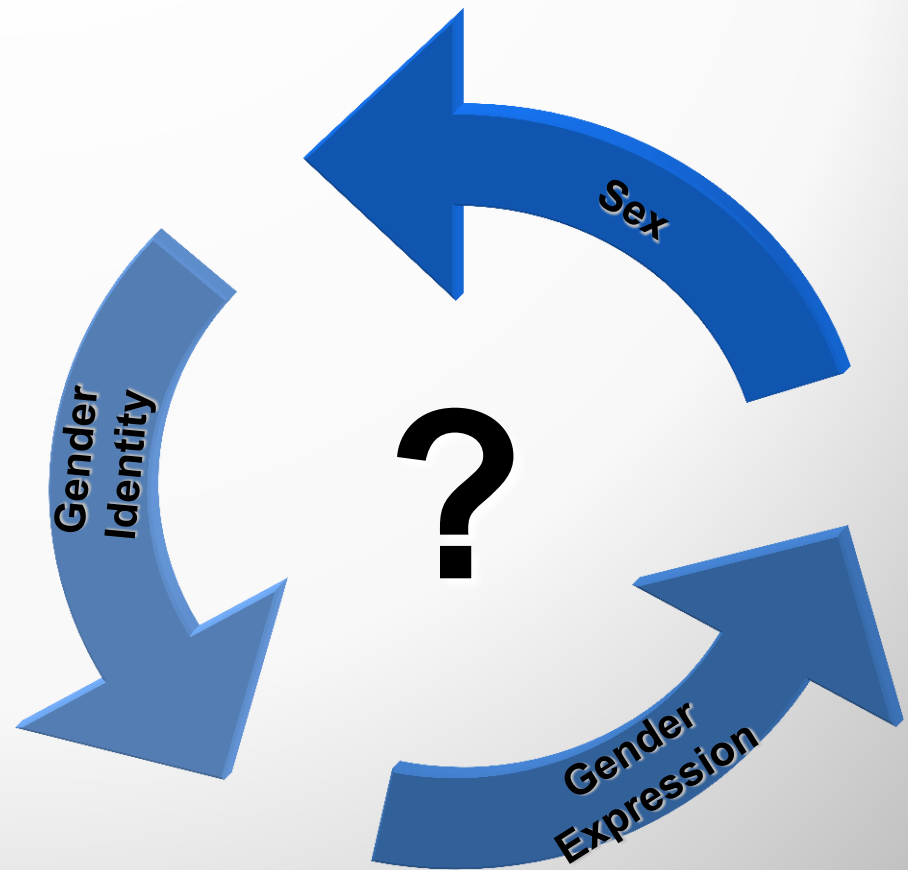
# Breaking Down the Terms



GLMA

# Gender building blocks

- \* Gender is typically evaluated on three axis's
  - \* Sex
  - \* Gender Expression
  - \* Gender Identity



# Gender Identity



- \* **Internal, Self** conception of one's gender
- \* *It is impossible to predict with complete confidence what gender **any** child will eventually come to identify with ([www.isna.org](http://www.isna.org))*
- \* We all have a gender identity- for some of us this matches our assigned gender, our bodies, and social perceptions and for others it does not

# Gender Identity vs. Sexual Orientation



## \* **Sexual Orientation/Identity/Behavior**

- \* Direction of one's sexual attractions
- \* Identity vs. Behavior
- \* Sexuality can change over time and is usually labeled as lesbian, gay, bisexual, queer, heterosexual
- \* Being transgender does not mean you're gay and being gay does not mean you're transgender.
- \* Similarities of discrimination on the basis of gender expression



# Transgender



- \* Common definition
  - \* People who feel the binary gender (M or F) they were assigned at birth is a ***misleading or incomplete*** description of themselves
- \* Trans-woman or trans-man?
  - \* Say *trans-woman*
    - \* To refer to a person who was *assigned* male at birth and lives and/or identifies as a **woman**
  - \* Say *trans-man*
    - \* To refer to a person who was *assigned* female at birth and lives and/or identifies as a **man**

# Additional terms

- \* **Cisgender:** People whose gender identity and gender expression align with the sex they were assigned at birth
- \* **Gender Non-Conforming:** refers to people who do not follow other people's ideas or stereotypes about how they should look or act based on the female or male sex they were assigned at birth
- \* **Pronouns:** “she”, “he”, “her”, “him”, “zie”, “hir”

# Gender Affirmation Gender Transition



## \* Gender Transition

The process of changing gender expression and/or physical appearance to align with gender identity. This can involve changing one's name and/or gender designation on legal documents and/or medical intervention, etc. Transition happens on many levels.



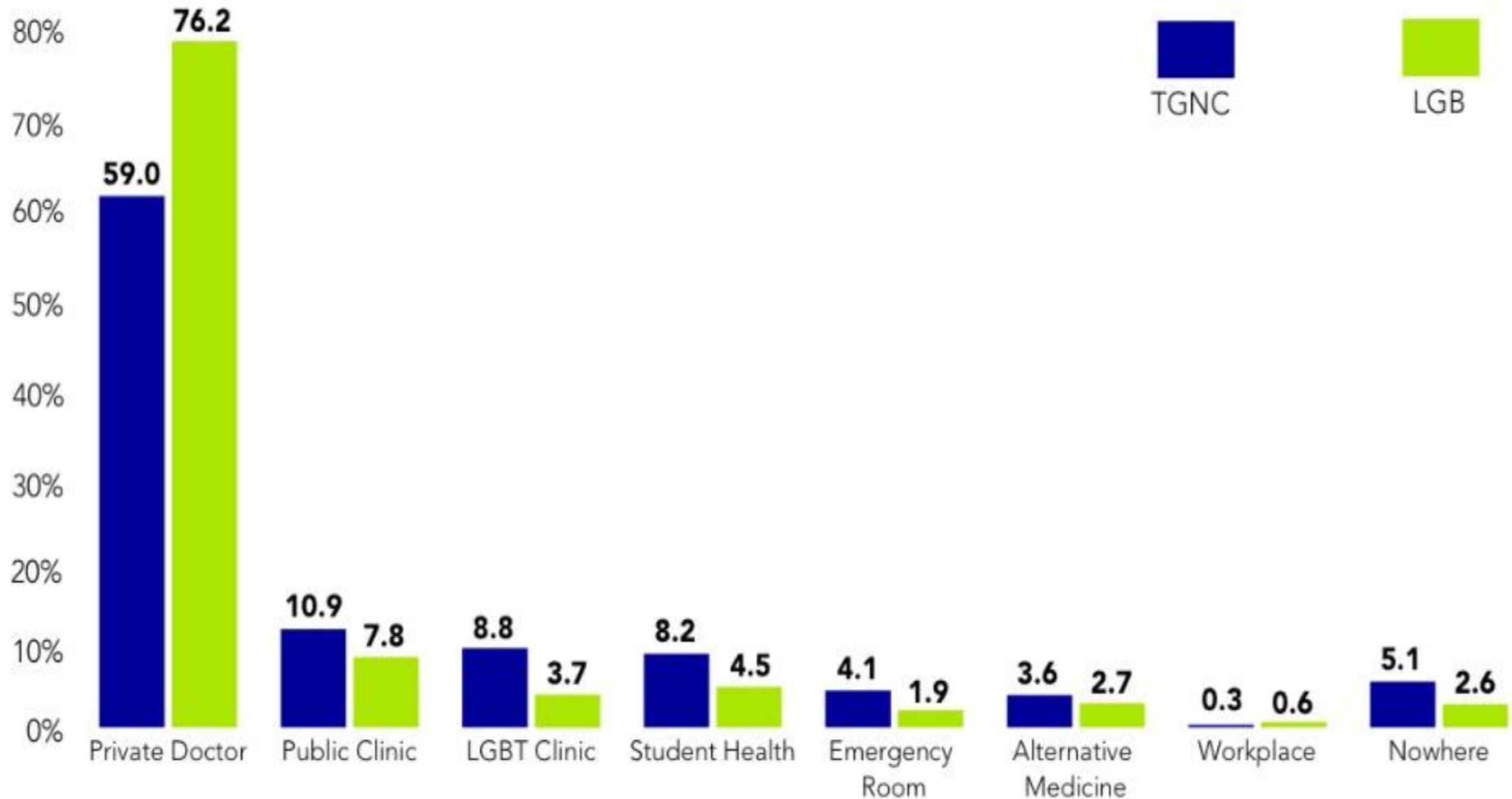
# Understanding the Barriers



# Where are LGBT people accessing healthcare?



## Usual Source of Care



*Lambda Legal: When Health Care Isn't Caring (2010)*

<http://www.lambdalegal.org/publications/when-health-care-isnt-caring>

# LGBT Health Disparities

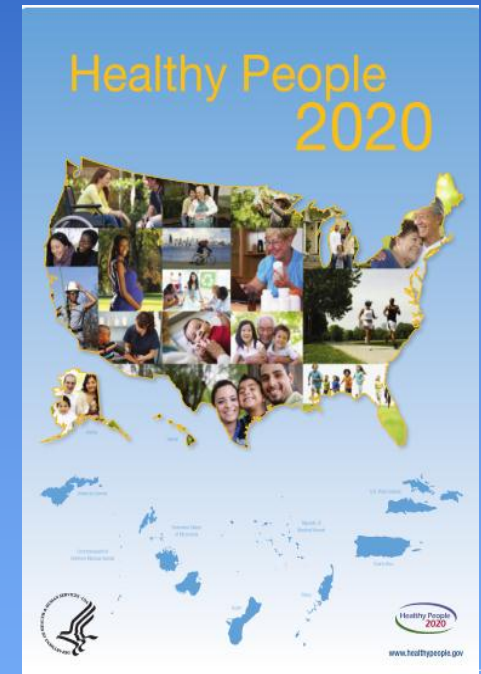
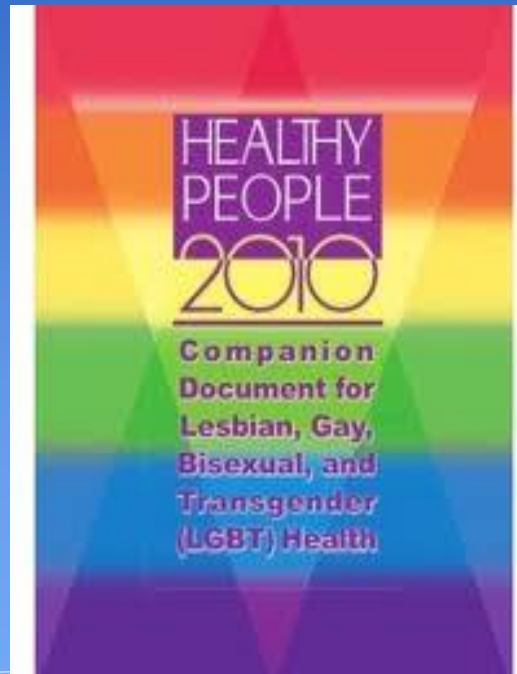
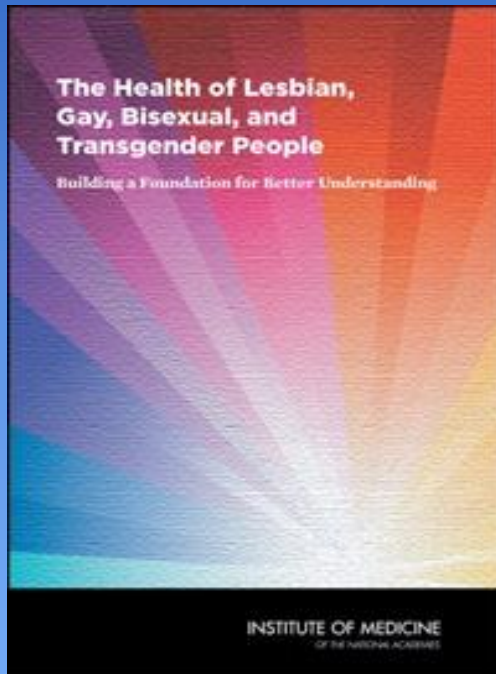
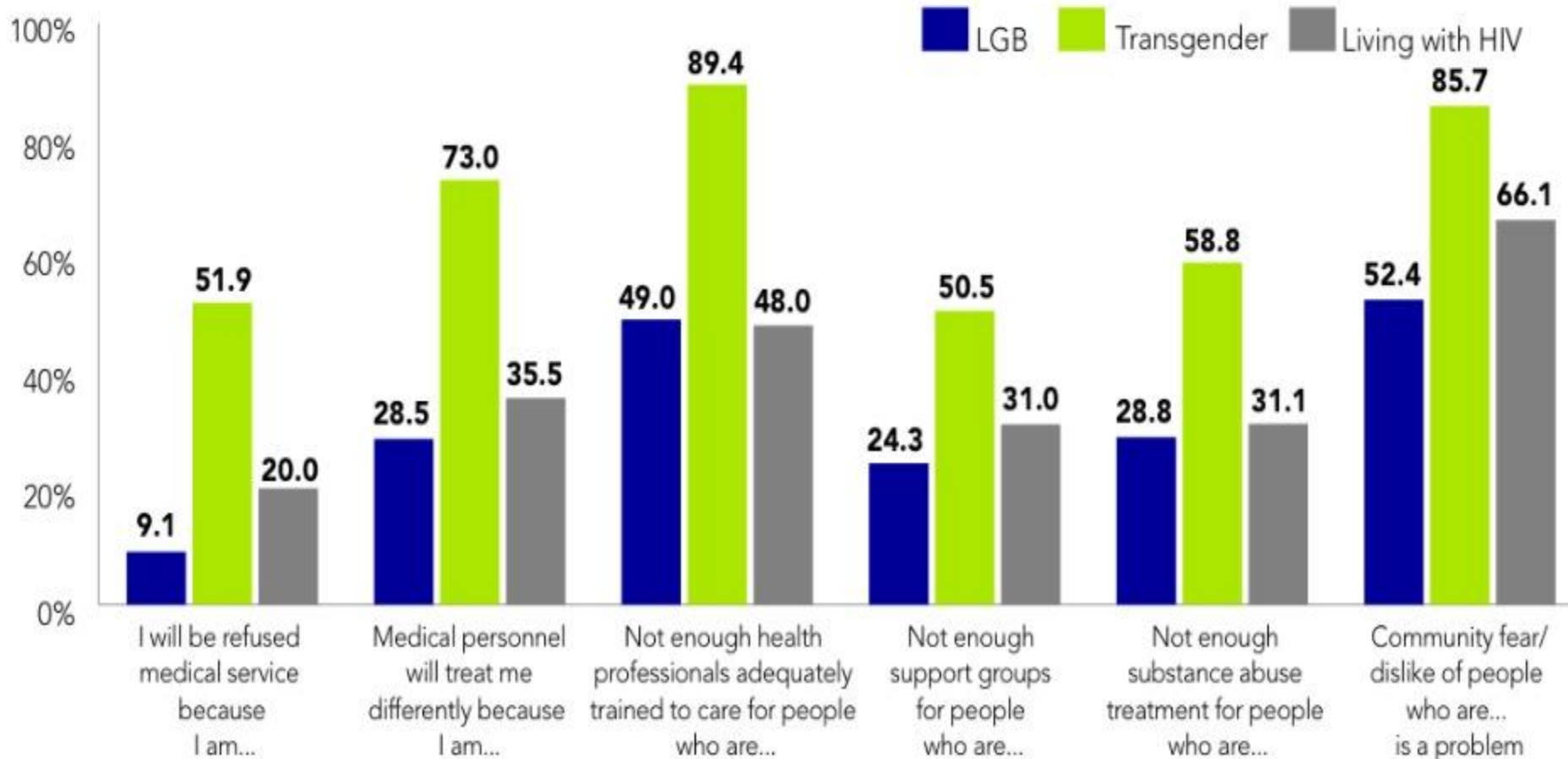


Table 6: Fears and concerns about accessing health care



WHEN HEALTH CARE ISN'T CARING

# Barriers to Healthcare for LGBT people

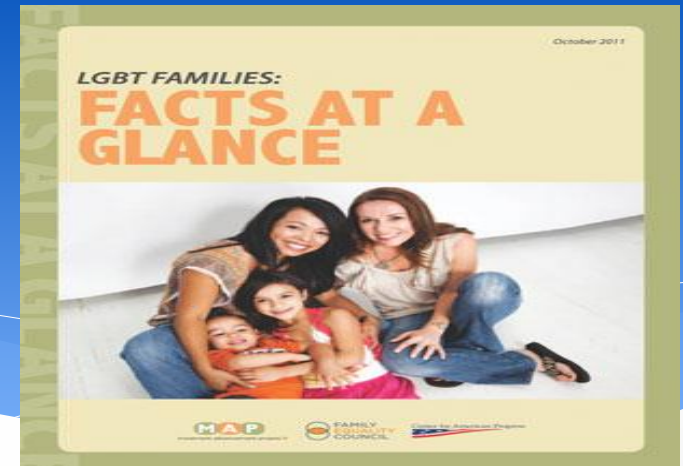


- \* Lower income/lower health insurance rates
- \* Previous negative experiences in healthcare settings
- \* Lack of provider information and knowledge about LGBT health needs and risks
- \* Lack of LGBT-specific research, policies and procedures
- \* Multiple stigma: race, class, ability, geographic location, immigrant status, etc.





# LGBT Families



- \* LGBT adults are less likely to have health insurance than their heterosexual counterparts
- \* For transgender people, plan language may exclude coverage for both routine care and transition-related care
- \* Reduced access is especially pronounced among LGBT people of color
- \* Narrow definition of families
  - \* Health insurance, child care assistance, ability to make medical decisions, educational loans, etc may not be available to LGBT families.

# LGBT Health Issues

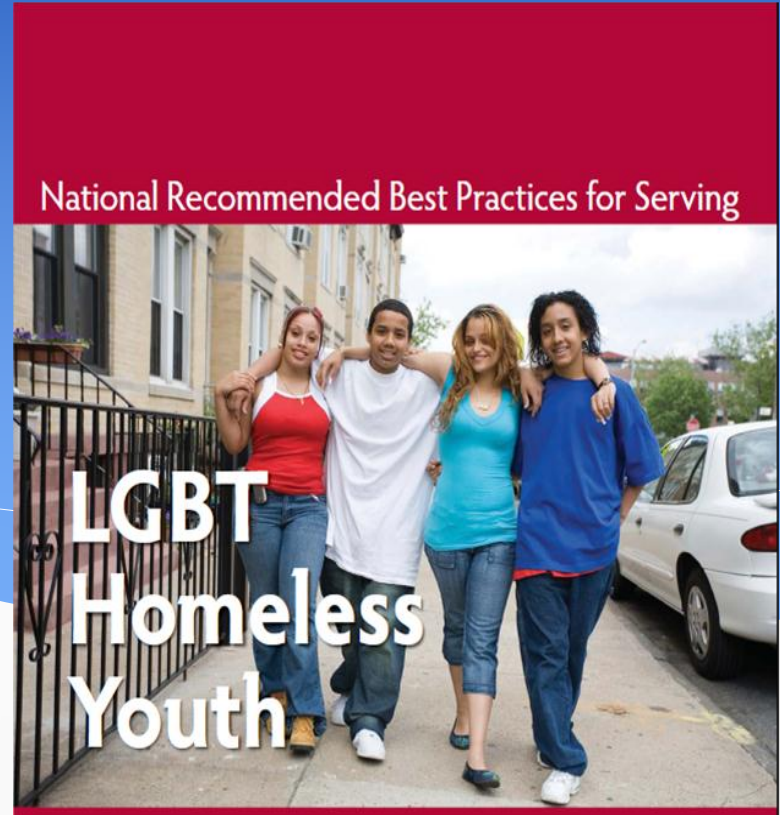
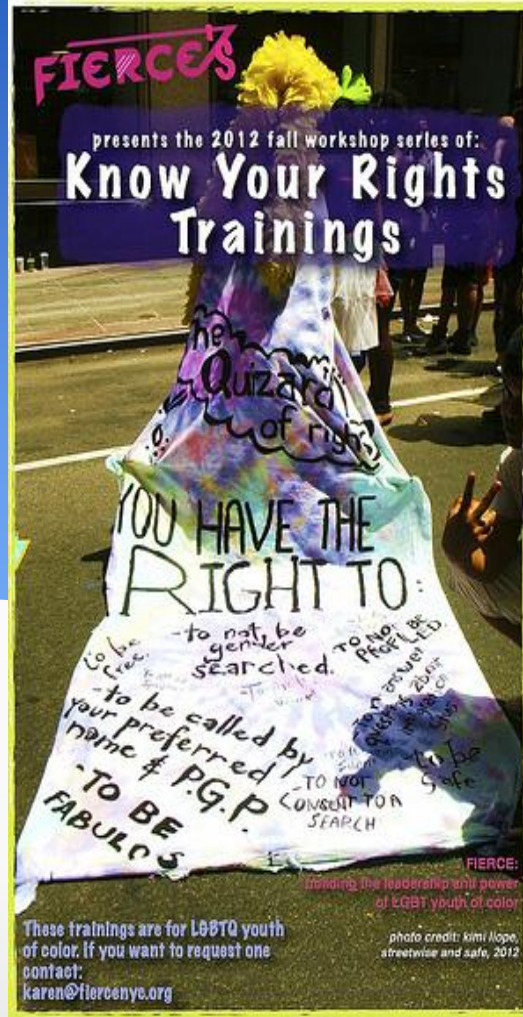


- \* Smoking, alcohol, and substance abuse
- \* Mental health illnesses, such as anxiety and depression
- \* Sexual and Reproductive Health
- \* Eating Disorders, Obesity
- \* Cardiovascular Health
- \* Higher rates of sexually transmitted diseases
- \* Increased cancer risks, decreased screenings
- \* Limited evidence based research on hormones





# Across the Life Span: Youth



NATIONAL CENTER FOR LESBIAN RIGHTS

# Across the Life span: Youth

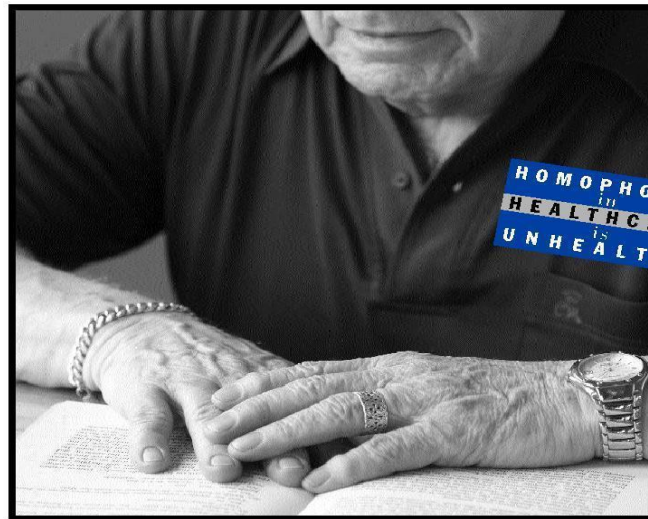


- \* LGBT youth are at increased risk for suicide and depression
- \* Smoking, alcohol and substance use
- \* The homeless youth population comprises a disproportionate number of LGBT youth.
- \* LGBT youth report experiencing elevated levels of violence, victimization, and harassment
- \* National survey of LGBTQ students in 2003 (GLSEN) found that:
  - \* **64.3%** felt unsafe in their school because of their sexual orientation;
  - \* **84%** had been verbally harassed at school because of their gender identity or expression

# Across the Life Span: Older Adults



Deserves the same care,  
no matter  
who these hands embrace.



Lesbian, gay, bisexual, and transgender people deserve the same care as everyone else. Thousands of healthcare providers in Massachusetts agree. They're working to eliminate barriers to healthcare access, so everyone can be treated well. And *stay* well.

**The Gay, Lesbian, Bisexual and Transgender Health Access Project**  
**MASSACHUSETTS DEPARTMENT of PUBLIC HEALTH**  
[www.glbthealth.org](http://www.glbthealth.org)

**Inclusive Services for  
LGBT Older Adults**  
A Practical Guide To Creating  
Welcoming Agencies



National Resource Center ON LGBT AGING

## IMPROVING THE LIVES OF TRANSGENDER OLDER ADULTS

Recommendations for Policy and Practice

State Services and Advocacy for LGBT Elders and National Center for Transgender Equality (NCTE)



# Across the Life Span: Older Adults

- \* Stigma, discrimination, and violence
- \* Isolation
- \* Lack of family support
- \* Social Security and pension plans exclusions
- \* Long term facilities
- \* Visitation
- \* Hospice
- \* Community
- \* Programs and Resources

# Transgender Health

Deserves the same care,  
no matter  
which pronoun is used.



Transgender, gay, lesbian, and bisexual people deserve the same care as everyone else. Thousands of healthcare providers in Massachusetts agree. They're working to eliminate barriers to healthcare access, so everyone can be treated well. And *stay* well.

**The Gay, Lesbian, Bisexual and Transgender Health Access Project**  
**MASSACHUSETTS DEPARTMENT of PUBLIC HEALTH**

[www.glbthealth.org](http://www.glbthealth.org)



## Percent of Adults Delaying or Avoiding Medical Care



Source: Jeff Krehely, "How to Close the LGBT Health Disparities Gap," Center for American Progress, December 2009; Jaime M. Grant, Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman and Sara Keisling, "Injustice At Every Turn: A Report of the National Transgender Discrimination Survey," National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

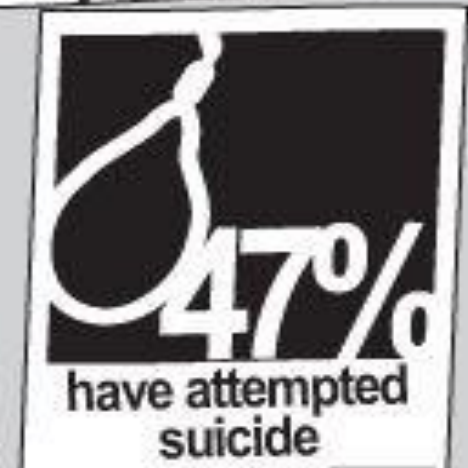
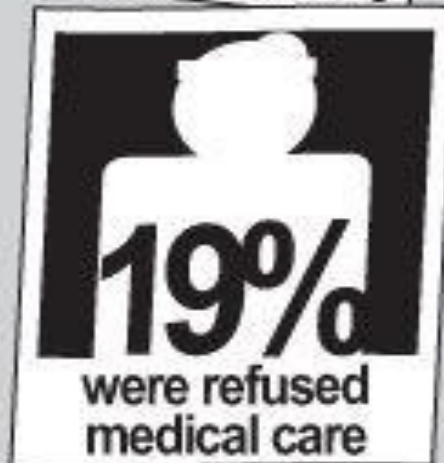


# Transgender Discrimination



## Snapshots of transgender life

The National Transgender Center for Equality surveyed 6,450 transgender individuals in the U.S. Full results are available at [transequality.org](http://transequality.org).



# Transgender Health Disparities

The State of Transgender California:

## TRANSGENDER HEALTH CARE

**42%**

*delayed seeking health care  
because they  
could not afford it*

*reported  
health conditions worsened  
because they postponed care*

**26%**

together **we can do better.**

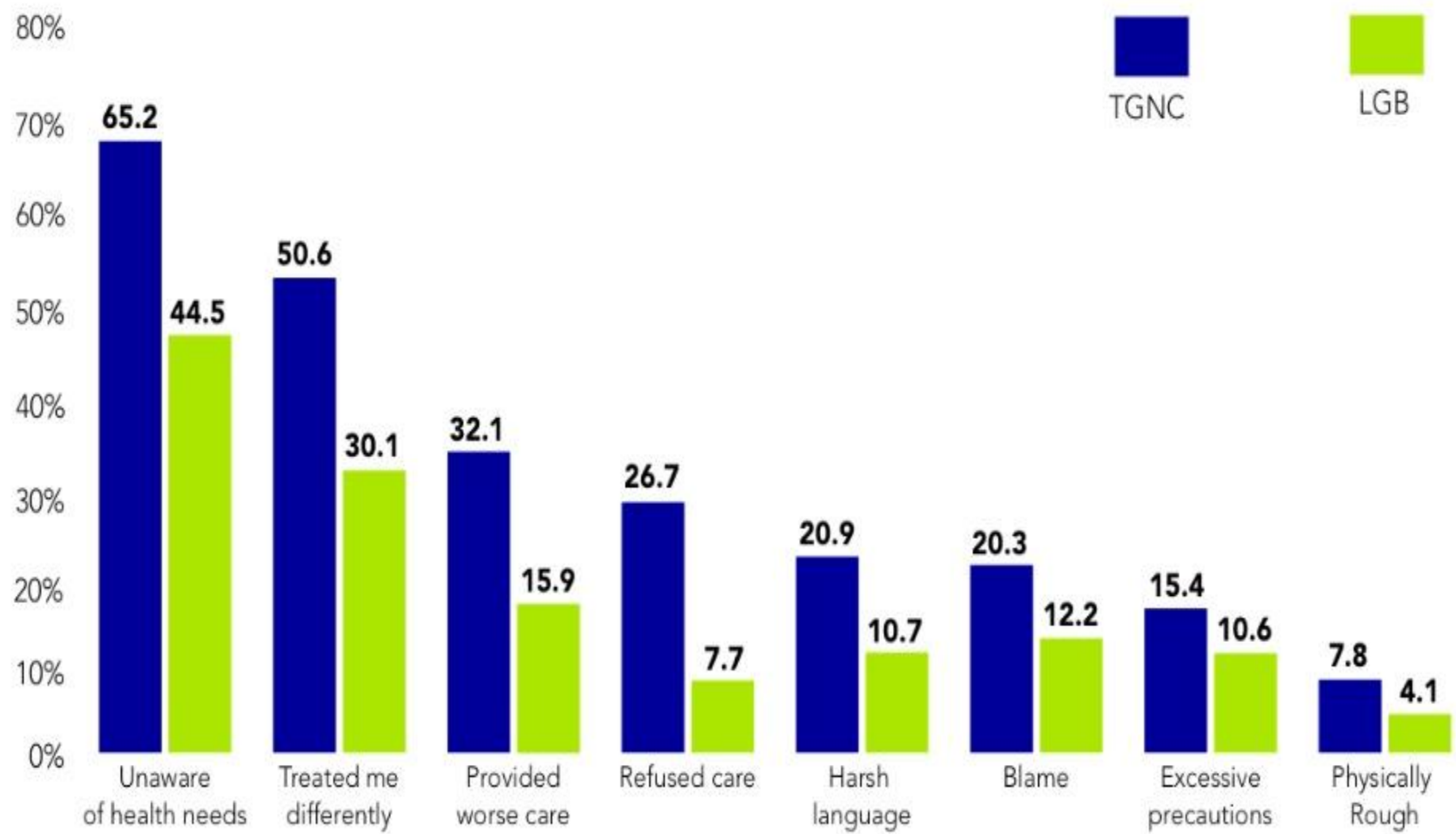


**Transgender  
Law Center**



*Making Authentic Lives Possible*

# Experiences of Discrimination and Substandard Care: Transgender or Gender-nonconforming Compared to Lesbian, Gay and Bisexual



# What is Gender Identity Discrimination in Health Care?



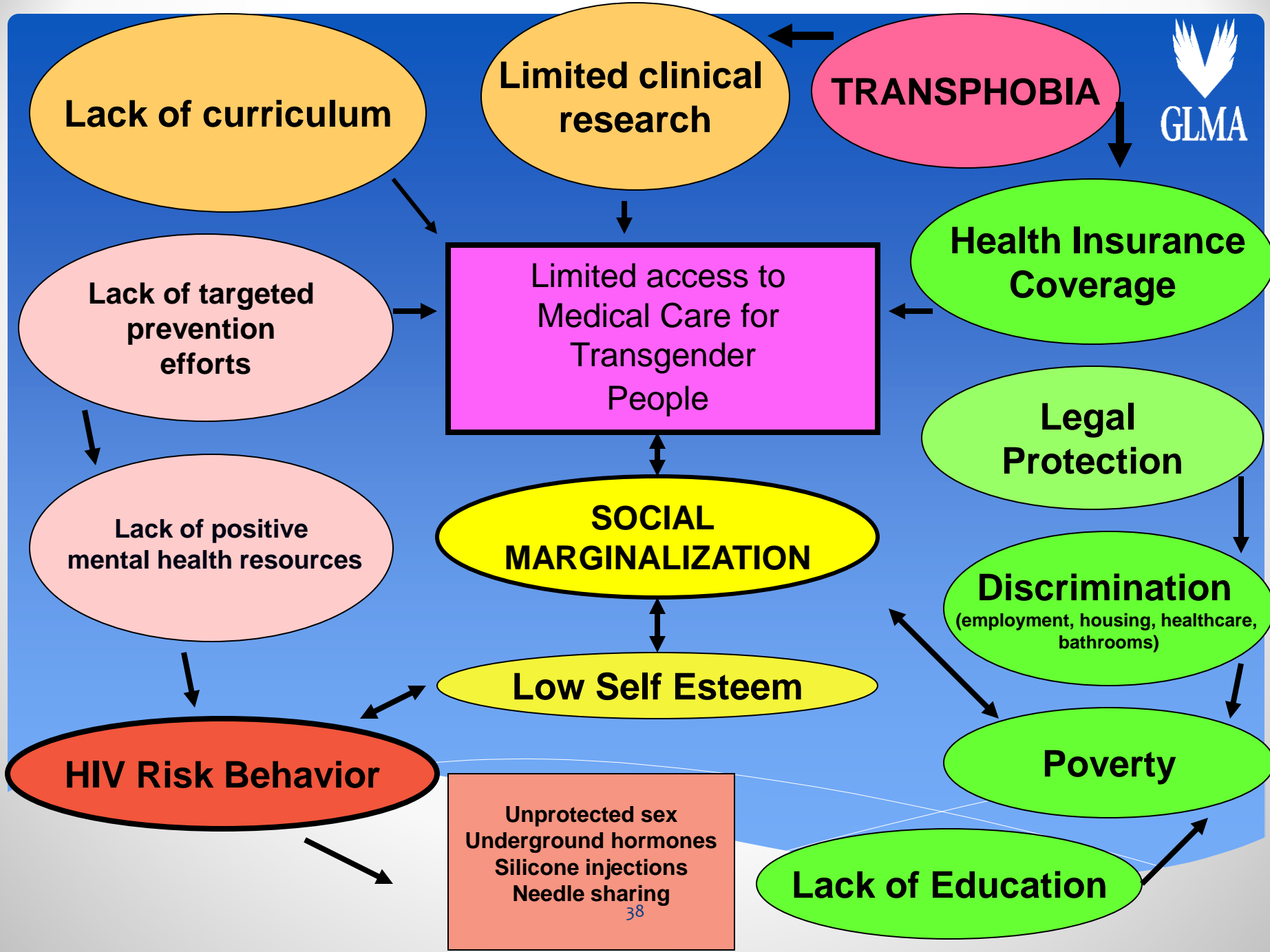
- \* Denied equal access to health care and services and/or subjected to hostile or insensitive environments because one is, or perceived to be, transgender or gender non-conforming



# Barriers to Health Care for Trans people



- \* Denied health care
- \* Lack of informed care, research, and data
- \* Health care coverage
- \* Sex segregated services
- \* Inappropriate name or pronoun use
- \* Invasive questions about genitalia or transgender status
- \* Access to hormones and surgery
- \* Patients trans status often overshadows other significant medical needs (overstepping clinical boundaries)
- \* Intake/Registration forms
- \* Confidentiality & Privacy



Limited access to Medical Care for Transgender People

**SOCIAL MARGINALIZATION**

**Low Self Esteem**

**HIV Risk Behavior**

Unprotected sex  
Underground hormones  
Silicone injections  
Needle sharing  
38

**Health Insurance Coverage**

**Legal Protection**

**Discrimination**  
(employment, housing, healthcare, bathrooms)

**Poverty**

**Lack of Education**

**Lack of curriculum**

**Limited clinical research**

**TRANSPHOBIA**

**Lack of targeted prevention efforts**

**Lack of positive mental health resources**

# Barriers: Curriculum in Schools



# Silence in Nursing School

## *Nursing's Silence on Lesbian, Gay, Bisexual, and Transgender Issues: The Need for Emancipatory Efforts*

Eliason, Michele J. PhD; Dibble, Suzanne DNSc, RN; DeJoseph, Jeanne PhD, CNM

Advances in Nursing Science: July/September 2010 - Volume 33 - Issue 3

The purpose of this study was to selectively review the nursing literature for publications related to lesbian, gay, bisexual, and transgender health from the top-10 nursing journals by 5-year impact factor from 2005 to 2009

**Only 0.16% of articles focused on lesbian, gay, bisexual, and transgender health (8<sup>40</sup> of nearly 5000 articles)**



# Medical School

## **LGBT Medical Education Research Group, Stanford University**

- LGBT Content in Undergraduate Medical Education (JAMA)
  - Of 176 schools, 150 (85.2%) responded
  - The median reported time dedicated to teaching LGBT-related content in the entire curriculum was 5 hours. Of the respondents, 9 reported 0 hours taught during preclinical years and 44 reported 0 hours during clinical years.

**The silence in the nursing and medical literature can render LGBT people, families, and communities invisible and perpetuate health disparities**



# Integrating Strategies



# Look Around...

- \* **Scan the environment**
- \* **Know what it is like for your patient before they enter the door**
- \* **Relevant and appropriate health information and brochures**
  - \* **Cancer**
  - \* **Safe sex**
  - \* **HIV/AIDS**
  - \* **Screenings**
- \* **Signs and Posters**
- \* **Advertise your practice**

# The Joint Commission



**Advancing Effective Communication,  
Cultural Competence, and  
Patient- and Family-Centered Care**

*for the Lesbian, Gay, Bisexual,  
and Transgender (LGBT) Community*

**A Field Guide**

# Policies



- \* Written and posted policies, including non discrimination, diversity, and non-harassment policies that explicitly include gay, lesbian, bisexual and transgender
  - \* Sexual orientation AND gender identity

# Intake & Assessment



- \* All reception, intake and assessment staff are trained to use culturally appropriate language and assure appropriate referrals
- \* Development and implementation of appropriate intake and assessment forms that address gender identity, sexual orientation, partnership and family status, and provide clients with the option and opportunity for further written explanation

# LGBT Registration Form- Callen-Lorde



Legal last name: \_\_\_\_\_ Legal first: \_\_\_\_\_

Chosen first name (if different): \_\_\_\_\_

Date: \_\_\_\_\_

No marital status question, but “partnered” would be an option if we had one.

*“We require the following information for the purposes of helping our staff use the most respectful language when addressing you, understanding our population better, and fulfilling our grant reporting requirements. The options for some of these questions were provided by our funders. Please help us serve you better by selecting the best answers to these questions. Thank You.”*

**CALLEN LORDE**  
COMMUNITY HEALTH CENTER

**REGISTRATION FORM** #:

**PATIENT INFORMATION**

Legal last name: \_\_\_\_\_ Legal first: \_\_\_\_\_ Middle: \_\_\_\_\_ Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Chosen first name (if different): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security number: \_\_\_\_\_  
 (mailing address) \_\_\_\_\_ Apartment #: \_\_\_\_\_ Cell phone number: \_\_\_\_\_ Which is your primary contact number?  Cell  Home  Work  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home phone number: \_\_\_\_\_  
 Language interpretation services needed?  No  Yes, language: \_\_\_\_\_ Work phone number: \_\_\_\_\_

We require the following information for the purposes of helping our staff use the most respectful language when addressing you, understanding our population better, and fulfilling our grant reporting requirements. The options for some of these questions were provided by our funders. Please help us serve you better by selecting the best answers to these questions. Thank You.

Sex Assigned at Birth:  Male  Female  
 Gender Identity:  Male/Man  Female/Woman  TransMale/Transman  TransFemale/Transwoman  Genderqueer/Gender nonconforming  Something Else  Decline to Answer  
 Sexual Orientation:  Lesbian  Gay  Bisexual  Queer  Straight  Something Else  Decline to Answer  
 Races:  American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  White/Caucasian  More than one race  Decline to Answer  
 Immigrant Worker?  Yes  No  
 Homeless?  Yes  No  
 If yes, select which best applies:  Street  Homeless Shelter  Transitional  Doubling Up (rent paying next)  Other  Decline to answer  
 How did you first learn of Callen-Lorde?  Friend/Patient  Referral  Health Fair/ Presentation  Callen-Lorde Website  Facebook/ Social Media  TV/Radio/Print Media  Decline to Answer

Anticipated annual household income for this year: \_\_\_\_\_ Total # of people living in household, including yourself: \_\_\_\_\_

Please select the statement that best describes your Primary Medical Care status:  
 I am here for a full physical exam or to establish a relationship with a primary care provider.  
 I have a primary care provider outside of Callen-Lorde and I plan to continue getting primary care with that provider.  
 I do not currently have a primary care provider and I am not here to establish primary care.

**Emergency Contact**  
 Emergency contact names: \_\_\_\_\_ Emergency contact phones: \_\_\_\_\_

**INSURANCE INFORMATION** \*\*Please give your insurance card to the front desk staff.\*\*  
 \*If you do not have health insurance, your income will be used to determine your sliding scale discount.\*  
 Insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Who did you select as your Primary Care Provider with your insurance carrier? \_\_\_\_\_ Employer: \_\_\_\_\_  
 Relationship to insured:  Self  Spouse  Child  Parent  Other  Male  Female Insured's birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name of insured (if different): \_\_\_\_\_ Address of insured: \_\_\_\_\_  Same as Patient

I certify that the above information is correct to the best of my knowledge.  
 Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sex Assigned at Birth:**

Male  Female

**Gender Identity:**

- Male/Man
- Female/Woman
- TransMale/Transman
- TransFemale/Transwoman
- Genderqueer/Gender nonconforming
- Something Else
- Decline to Answer

**Sexual Orientation:**

- Lesbian
- Gay
- Bisexual
- Queer
- Straight
- Something Else
- Decline to Answer

**Veteran?**

Yes  No

**Hispanic?**

Yes  No

Anticipated annual household income for this year: \_\_\_\_\_

Sex listed in insured's health insurance plan:  Male  Female

Address of insured: \_\_\_\_\_



# Service Planning & Delivery



- \* Development and implementation of training for all intake, assessment, supervisory, human resource, case management and direct care staff on gay, lesbian, bisexual and transgender issues

# Direct Care Staff



- \* Comprehensive ongoing training provided for direct care staff to identify and address basic health issues that affect LGBT clients.
- \* Development of a comprehensive resource list for appropriate referrals for LGBT health concerns.
- \* Outreach to and development of relationships with other agencies and providers with expertise in LGBT health

# Training



- \* Schools
  - \* Speakers
  - \* Sustainably curriculum change
  - \* Policies
- \* Hospitals & Health Centers
  - \* Departments needs assessment
    - \* Security, front desk, social workers, administrators, nurses, providers, etc.
    - \* Specific to each department, floor, unit, etc
- \* Going beyond 101

# Community Connection & Feedback



- \* Collect feedback from LGBT patients, families, and community
- \* Patient Satisfaction Surveys
- \* Focus groups, community advisory boards
- \* Establish a point of contact for community members for complaints, feedback, comments, resources, advocacy
- \* Ensure that existing community outreach activities are LGBT inclusive
- \* Establish partnerships with community health centers and other health care facilities

# Asking Questions

- \* What are Offensive Questions

- \* Appropriate vs. Curiosity
- \* Respectful Questions

- \* Using Sensitive Language

- \* Out of respect for my patients right to self identify, I ask all patients what gender pronoun they'd prefer I'd use for them. What pronoun would you like me to use for you?
  - \* Or use no pronoun
- \* How do you identify your gender
- \* Intake forms: Gender \_\_\_\_ or M, F, Transgender (choose as many as apply)

**Mirror the language people use for themselves, their partners and their bodies**

# Health Assessment



- \* Health Assessment Questions
  - \* How & Why
    - \* “To help assess your health risks R/T \_\_\_\_\_, can you tell me about any history you have had with hormone use”
    - \* Use patients language regarding body parts, sexual history, etc.
  - \* Developing trust

# Medical & Nursing Care

- \* Be sensitive with physical exams
- \* OB/GYN
- \* Surgery
- \* Know risk factors
- \* Routine screening on all organs as long as they are present (“if you have it, check it”):
  - \* Testicular and prostate exam
  - \* Pap smear and gonorrhoea/chlamydia screen
  - \* Breast exams and mammograms
  - \* HIV, STI screenings



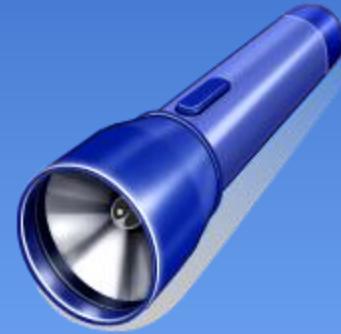
# Theory of Risk Reduction

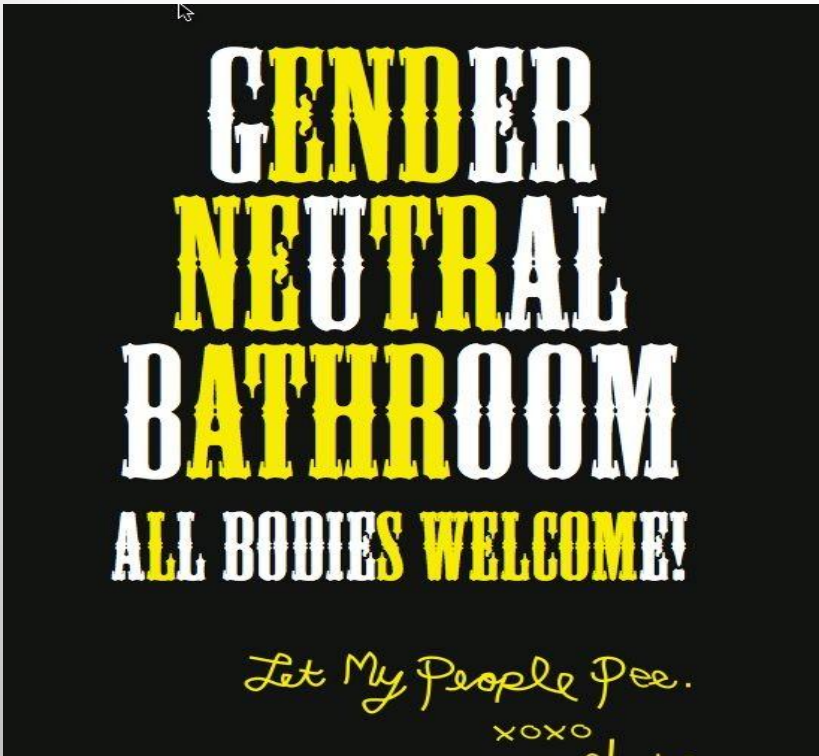
(Transgender Health Information Project- TIP)

*If trans people can safely change their bodies to become who they truly are, they will protect those bodies because people who are happier in their bodies tend to take better care of them*



# Scan the Environment





# Bathrooms



# Creating a Welcoming Environment



- \* Include LGBT information in brochures and educational materials
- \* Acknowledge days such as World AIDS Day, LGBT Pride Day, and National Transgender Day of Remembrance.
- \* Openly display signs of LGBT acceptance (images, rainbow flag)



# LGBT Materials



Trans Care  
Medical issues

Trans people and  
cardiovascular  
disease

Vancouver Coastal Health Transgender Program  
<http://transhealth.vch.ca/>



## 8 Best Practices for HIV Prevention among Trans People

1. **Ground Your Work in the Community.** Develop partnerships with trans people and organizations to create and grow programs, services and research with, by, and for trans people. Community involvement ensures acceptability, appropriateness, and relevance of your interventions, programs and services to the trans people.

2. **Race & Ethnicity: One Size Does Not Fit All.** Interventions and programs are most effective when they incorporate racial and ethnic issues that contribute to HIV risk and issues of stigma and discrimination that are specific to trans people.



3. **Utilize Multidisciplinary Approaches to HIV Prevention.** Educate and provide services and care through a broader context of health and wellness. Consider approaches that not only focus on the individual, but also families, social networks, schools, communities, and organizations that that transgender people live, work, and play in.

4. **Get the Facts! Assess, Evaluate & Enhance.** Conduct thorough needs assessments and evaluations, use the data in program planning an improvement, and disseminate what you learned.

5. **Looking in All the Right Places.** Recruitment and retention strategies should consider the unique needs and circumstances of priority populations. Make an effort to go beyond what was convenient, and bring education and services to trans people in their neighborhoods and communities.



6. **Increase Access to Health Care for Trans People.** Have a central or multiple locations with easy access to public transportation, provide services in multiple languages, and have trained providers who understand current HIV and health care issues of trans people. Provide hormone therapy as part of primary care.



7. **Invest In Developing and Supporting Your Staff.** Prioritizing staff development, on-going training and education, and creating opportunities for advancement are key to building capacity and healthy work environments for staff and their clients and patients.

8. **Advocate for Structural and Systemic Change on Behalf of Trans People.** Collaborate with community partners to advocate for policy development and social change to identify and address how HIV among trans people is impacted by housing, employment, transphobia, racism, violence, lack of health insurance, provider education, and legalized discrimination.

Please visit our website for the complete report:

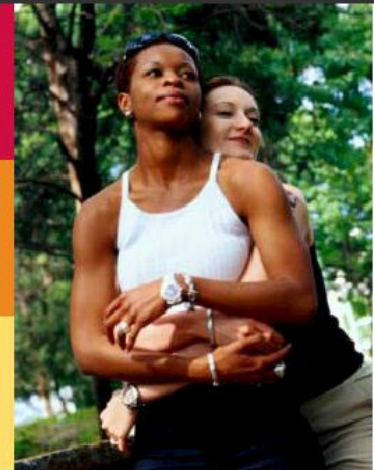
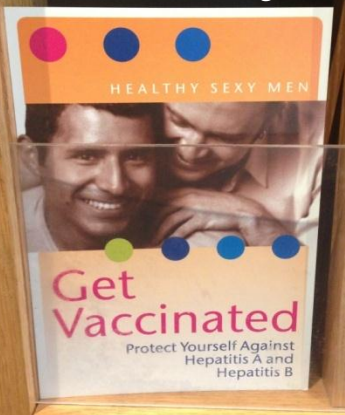
*"Increasing access to comprehensive, effective, and affirming health care services for trans and gender variant communities."*

University of California  
San Francisco

For more information, contact:  
JoAnne Keatley, MSW, Director  
Center of Excellence for Transgender Health  
50 Beale Street, Suite 1300, San Francisco, CA 94105  
Phone: 415.587.0165



[www.callen-lorde.org](http://www.callen-lorde.org)



Cancer Facts  
for Lesbians and  
Bisexual Women

Share this with  
someone you care about.



<http://www.cancer.org>

GLMA

GLMA  
[www.glma.org](http://www.glma.org)

For Patients



Patients

Providers & Researchers

Students

Online CME

Publications

Find A Provider

Top 10 Health Issues

Trans Health Resources

UCSF Center of  
Excellence for  
Transgender  
Health

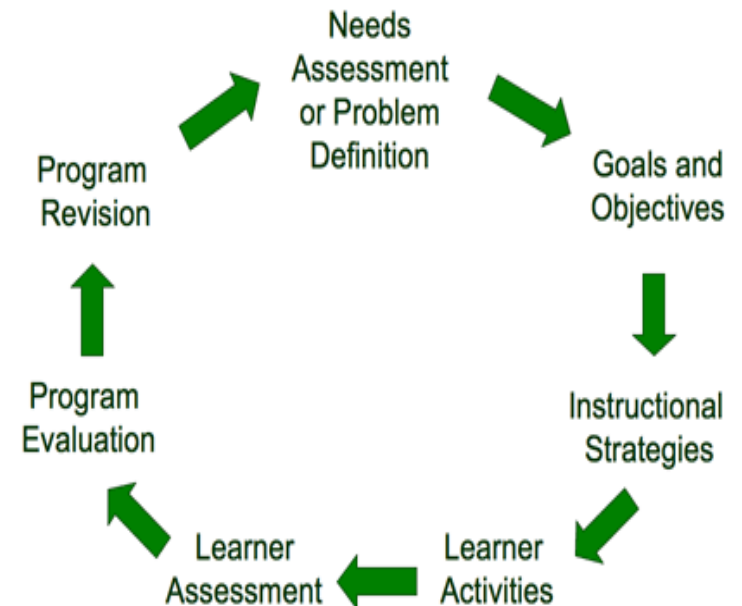
[http://transhealth.  
ucsf.edu/](http://transhealth.ucsf.edu/)

# Evaluation

- Excellent
- Very good
- Good
- Average
- Poor



## Program Planning & Evaluation



# Evaluation

- \* Needs Assessments
- \* Patient Satisfaction Surveys
- \* Community Focus Groups
- \* Community Advisory Boards
- \* Suggestions and Feedback
- \* Continual Evaluation

# Moving forward

- \* Strategies
- \* Challenges
- \* Resources/needs/questions
  
- \* What can you do to advocate and raise awareness for LGBT care in your work?
  
- \* Where and how can it be integrated into your curriculum, hospital, health center, organizational programs? How can it be sustainable?

Questions?





# Contact Information

Nathan Levitt

[Nlevitt@callen-lorde.org](mailto:Nlevitt@callen-lorde.org)

212-271-7185

[www.callen-lorde.org](http://www.callen-lorde.org)

[www.glma.org](http://www.glma.org)



**GLMA**  
Health Professionals  
Advancing LGBT Equality