Achieving Health Equity for LGBT People: Providing Inclusive Care and Services

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Learning Objectives

At the end of this training, participants will be able to:

- Describe health disparities in lesbian, gay, bisexual, and transgender (LGBT) populations
- Explain LGBT definitions and concepts
- Identify principles for effective communication with LGBT clients
LGBT Voices

Perspectives on Health Care Video
https://vimeo.com/198730441/445d62b287
Why Programs for LGBT People
Discrimination is common in the lives of LGBT persons...

- Among LGBT persons overall:
  - 39% rejected by a family member or friend
  - 30% threatened or physically attacked
  - 21% treated unfairly by an employer
  - 30% of youth missed at least one day of school in the last month because they felt unsafe or uncomfortable

- Among transgender persons:
  - 61% physically attacked
  - 55% lost a job due to bias
...and in health care

- LGBT clients report that providers
  - Use excessive precautions or refused to touch them (11%)
  - Blame them for their health status (12%)
  - Use harsh or abusive language (11%)

- Transgender patients report
  - Being harassed in a doctor’s office (25%)
  - Being denied medical care (19%)
Stigma Negatively Affects Health

- Research studies of LGBT people found that stigma and discrimination are associated with:
  - Taking more sick days
  - Experiencing a serious physical health problem
  - HIV risk behavior
  - Delaying needed urgent and preventive care
Multiple Stigmas

“A gay man has to deal with homophobia. A black man has to deal with racism. But a black gay man will have to deal with homophobia and racism (often at the same time). It is often the case that he will face racism inside the LGBT community and homophobia in the black community”.

http://www.equality-network.org/our-work/intersectional/
Stigma, Discrimination, and Health

Stigma/Discrimination

Chronic and Acute Stressors

Impacts

Mental Health | Physical Health | Access to Care | Access to Competent Care

Health Disparities/Inequities
Health Issues Throughout the Life Course

Childhood & Adolescence

Early & Middle Adulthood

Later Adulthood
LGBT Disparities: Healthy People 2020

- LGBT youth
  - 2 to 3 times more likely to attempt suicide.
  - More likely to be homeless (20-40% are LGBT)
  - Risk of HIV, STDs

- MSM are at higher risk of HIV/STDs, especially among communities of color

- LGBT populations have high rates of tobacco, alcohol, and other drug use

- Lesbians are less likely to get preventive services for cancer
LGBT Disparities: Healthy People 2020

- Transgender individuals experience a high prevalence of HIV/STDs, victimization, mental health issues, and suicide
  - They are also less likely to have health insurance than heterosexual or LGB individuals
- Elderly LGBT individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services
Vulnerability to Poverty

- Media often portrays same-sex couples as wealthy, however the reality is that many live below the poverty line, especially those with children.

- Transgender people have very high rates of poverty, which are likely related to difficulty in finding employment, and a higher likelihood of being rejected by families from a young age. This vulnerability to poverty can also impact health disparities.
  - Transgender respondents to the National Transgender Discrimination Survey (NTDS) were 4 times more likely than the general population to have a household income of less than $10,000

www.lgbthealtheducation.org
Resilience in the LGBT Community

Despite the many challenges that LGBT people often face, both internal and community-derived resilience can protect the health and well-being of LGBT people.
Community Resiliency

Amazon Best Seller
Terminology
L,G,B,T Concepts and Terms
Sexual Orientation and Gender Identity

- All people have a sexual orientation and a gender identity
  - How people identify can change
  - Terminology varies
- Gender identity and sexual orientation are separate concepts

Sexual Orientation

Gender Identity
Sexual Orientation

- Sexual orientation is how a person characterizes their physical and emotional attraction to others. It has 3 dimensions:

  - **Identity**
    - Do you consider yourself gay, lesbian, bisexual, straight, queer, something else?

  - **Attraction**
    - What gender(s) are you attracted to?

  - **Behavior**
    - What gender(s) do you have sex with?
Gender Identity and Gender Expression

- Gender identity
  - A person's internal sense of being a man/male, woman/female, both, neither, or another gender.
  - All people have a gender identity

- Gender expression
  - The way a person acts, dresses, speaks, and behaves (i.e., feminine, masculine, androgynous).
WHAT PEOPLE ASSUME GENDER IS

WHAT GENDER ACTUALLY IS

NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE
The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore
The T in LGBT: Transgender

- Transgender
  - Umbrella term
  - Those whose gender identity and assigned sex at birth do not correspond

- Alternate terminology
  - Transgender woman, trans woman, male to female (MTF)
  - Transgender man, trans man, female to male (FTM)
  - Trans masculine; Trans feminine

- Non-binary, genderqueer
  - Gender identity is increasingly described as being on a spectrum

- Cisgender
  - People who are not transgender
Reviewing Terminology

**Sex**
- Refers to the presence of specific anatomy. Also may be referred to as ‘Assigned Sex at Birth’

**Gender Identity**
- What your internal sense tells you your gender is

**Sexual Orientation**
- Who you are physically and emotionally attracted to
- Who you have sex with
- How you identify your sexuality

**Gender Expression**
- How you present your gender to society through clothing, mannerisms, etc.
Communications
Effective Communication: The Whole Team
Anticipating and Managing Expectations

- You are almost certainly not the first health care staff person an LGBT individual has met.
- If the patient has experienced insensitivity, a lack of awareness, or discrimination, he or she may be on guard, or ready for more of the same from you.
- Don’t be surprised if a mistake, even an honest one, results in an emotional reaction.
- Don’t personalize the reaction.
- Apologizing when patients have uncomfortable reactions, even if what was said was well intentioned, can help defuse a difficult situation and re-establish a constructive dialogue about the need for care.
Avoiding Assumptions

- You cannot assume someone’s gender or sexual orientation based on how they look or sound.

- To avoid assuming gender or sexual orientation with new patients:
  - *Instead of:* “How may I help you, sir?”
  - *Say:* “How may I help you?”
  - *Instead of:* “She is here for her appointment.”
  - *Say:* “The patient is here in the waiting room.”
  - *Instead of:*” What are your mother and fathers’ names?”
  - *Say:* “What are your parent(s) or guardian(s)’ names.”
Avoiding Assumptions

- How a person identifies their sexual orientation does not always tell you who they have sex with or what kind of sex they engage in, and vice versa.

- Listen to how people describe their own identities and partners. Use the same terms, if you are comfortable.
  - *Instead of:* “Do you have a wife or girlfriend?”
  - *Say:* “Are you in a relationship?”, “Do you have a partner?” and “What do you call your partner?”
Pronouns

- People may use a range of pronouns, including she/her/hers and he/him/his, as well as less-common pronouns such as they/them/their and ze/hir/hirs (pronounced zee/hear/hears).

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Possessive</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>He</td>
<td>Him</td>
<td>His</td>
<td>He is in the waiting room. The doctor is ready to see him. That chart is his.</td>
</tr>
<tr>
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<tr>
<td>They</td>
<td>Them</td>
<td>Theirs</td>
<td>They are in the waiting room. The doctor is ready to see them. That chart is theirs.</td>
</tr>
<tr>
<td>Ze</td>
<td>Hir</td>
<td>Hirs</td>
<td>Ze is in the waiting room. The doctor is ready to see hir. That chart is hirs.</td>
</tr>
</tbody>
</table>
Putting What You Learn into Practice….

- If you are unsure about a patient’s preferred name or their pronouns
  - “I would like to be respectful—what name and pronouns would you like me to use?”

- If you accidentally use the wrong term or pronoun
  - “I’m sorry. I didn’t mean to be disrespectful.”

- If a patient’s name doesn’t match insurance or medical records
  - “Could your chart/insurance be under a different name?”
  - “What is the name on your insurance?”
## Keeping Up with Terminology

<table>
<thead>
<tr>
<th>Avoid these Outdated Terms</th>
<th>Consider these Terms Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexual</td>
<td>Gay, lesbian, bisexual, or LGBT</td>
</tr>
<tr>
<td>Transvestite; Transgendered</td>
<td>Transgender</td>
</tr>
<tr>
<td>Sexual preference; Lifestyle choice</td>
<td>Sexual orientation</td>
</tr>
</tbody>
</table>
Communication “Don’ts!”

- Don’t laugh or gossip about a patient’s appearance or behavior
- Don’t use stereotypes or ask questions that are not necessary for care
  - “You’re so pretty! I can’t believe you’re a lesbian.”
  - “Are you sure you’re bisexual? Maybe you just haven’t made up your mind yet.”
  - “I see you checked ‘gay’ on your registration form. How’s the club scene these days?”
  - “You look just like a real woman.”
Accountability

- Creating an environment of accountability and respect requires everyone to work together
- Don’t be afraid to politely correct your colleagues if they make insensitive comments
  - “Those kinds of comments are hurtful to others and do not create a respectful work environment.”
Putting It All Together: Cases for Discussion
Case Scenario: Gloria
Gloria

- Gloria is seeing a LCSW for her depression and anxiety. During the assessment of her behavioral health issues, Gloria and her clinician discuss that Gloria identifies as bisexual, and is currently in a monogamous relationship with a man who is now her life partner.

- The clinician then starts talking to Gloria about her relationship with her life partner. However, Gloria said that her relationship isn’t the root of her depression and anxiety, but the clinician insists on this path.

  - What should the clinician have focused on instead?
  - How could Gloria’s clinician engage and talk to her in a respectful manner?
Case Scenario: Ming
Ming is working at the registration desk. A new client arrives at the clinic. The client is wearing a dress and heels, and has long hair. Despite the client’s appearance, the identification documents (e.g., insurance card, driver’s license) say “George Brogan.”

- How should Ming greet the client at the front desk?
- How can Ming find out what name and pronoun the client prefers to use?
- When the clinician is ready to see the client, how should Ming call the client?
- How should Ming let the clinician know about the client’s preferred name and pronoun?
Case Scenario: Chris
Chris

- A new client, Chris, completes the registration paperwork and hands it to Mike at the front desk.
- Mike is looking over the forms and notices that Chris has skipped the gender question. Mike asks Chris to complete the skipped question.
- Chris says, “But I don’t identify with the options (male or female) and left it blank on purpose.”
  - How can Mike proceed with this client’s registration?
  - How can Mike work with this client to be respectful?
  - What are ways in which this scenario could be avoided?
Case Scenario: Herb
Herb

- Stella, a case manager, is meeting a new client, an older gentleman named Herb. Stella asks Herb who will be his Emergency Contact. Herb remains silent for a bit, appearing to be unsure of who he would want to list. He eventually gives a name, and Stella asks what Herb’s relationship is to this contact. Herb says, “Well, I guess you could say that he is my friend.”
- Stella is surprised that he would choose a friend and asks Herb if he has any family he could include instead.
- Herb is upset as he sits through the rest of the registration process.
  - Why might Herb be upset?
  - Why might Herb have named a friend instead of family?
  - What could be done to prevent this situation?
Case Scenario: Sam
Sam

- Sam, a dishonorably discharged Iraq veteran, that has been previously diagnosed with PTSD comes into your office for mandatory substance use treatment because of a recent DUI conviction. You discover during your assessment that when drinking, Sam has experienced high-risk sexual activity with men and reports being HIV positive, however Sam doesn’t identify as being gay. Sam discloses that drinking occurs when memories of Iraq become unbearable.

- What approach would you use with Sam?
Case Scenario: Kate
Kate

Kate, a Rehab Counselor, in your clinic has been asked by the lead clinician to follow up with DJ who identifies as Transgender. DJ has unstable housing and low income so the lead clinician would like for you to provide referrals and other service linkages.

Kate is uncomfortable working with Transgender people and she worries that this goes against her religious beliefs.

Kate meets with DJ and provides a paper to DJ that has some resources, but avoids eye contact. Their meeting is less than 5 minutes.

DJ leaves without the needed resources and feeling upset.

What should Kate have done differently?
What should the lead clinician have done differently?
What needs to happen so that DJ’s feels respected?
Environment of Care
Creating a Welcoming and Inclusive Environment for Caring, Working and Learning
Adding Affirmative Imagery and Content to Education and Marketing Materials
Behavioral Health Services Website

www.lgbthealtheducation.org
SCC BHSD’s LGBTQ Resources Landing Page

LGBTQ Resources
Resources for the LGBTQ Community

LOCAL
Billy DeFrank LGBTQ Community Center
Address: 950 The Alameda
San Jose, CA 95126
Phone: 1-408-293-7040
Fax: 408-216-4500
Email: fabulousdefrank@... Website: www.defrankcenter.org
Facebook: Billy DeFrank LGBTQ Community Center

BHSD’s LGBTQ Resources Website: www.sccbhsd.org/lgbtq

www.sccbhsd.org/lgbtq
Content Organized by Regions

Local & State Resources

National Resources
Resource/Link Recommendations?
Do Ask, Do Tell: Talking to your Provider about being LGBT

Do Ask, Do Tell:
Talking to your health care provider about being LGBT

Do Ask, Do Tell:
Let your provider know if you are LGBT. Your provider will welcome the conversation. Start today!

Pregunte y dígalo:
Hable con su proveedor sobre ser LGBTQ. Su proveedor recibirá bien la conversación. ¡Comience hoy!
Our Challenge: Quality Care for All, Including LGBT People

- Data Collection
- Clinical Education
- Consumer Education
- Patient Centered Care

Fenway GUIDE TO LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH
2nd Edition
Harvey J. Makowski, MD
Kenneth H. Mayer, MD
Jennifer Potter, MD
Hilary Goldhammer, MS

Do Ask, Do Tell: Talking to your health care provider about being LGBT
The National LGBT Health Education Center provides educational programs, resources, and consultation to healthcare organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.

The Education Center is a part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world’s largest LGBT-focused health centers.

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TRANS TALKS
TRANSGENDER TRAINING FOR HEALTHCARE PROVIDERS