Meeting the Healthcare Needs of the LGBT Community:

Promoting Inclusivity:
Clinical Student, Client, and
Healthcare Provider
Perspectives

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COURSE OBJECTIVES

By the end of this session, attendees will be able to:

- •1. Define terms for gender identity, gender expression, biological sex, and sexuality.
- •2. Understand at a deeper level the lived experience of the LGBT community in relation to health disparities.
- 3. Identify ways to use inclusive and culturally-sensitive rapportbuilding methods with clients, caregivers, and clinical students from the LGBT community.

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TERMINOLOGY

Gender Identity vs Sexual Orientation

- Gender Identity: One's innermost concept of self as male or female or both or neither -how individuals perceive themselves and what they call themselves
 - Gender Expression
 - Gender Appearance/Presentation
- Sexual Orientation: Term that refers to being romantically or sexually attracted to people of a specific gender (Gender Spectrum Organization, n.d.)

Did you know that many people's sexual orientation and gender identity are fluid? The Spectrum can help you visualize how your identify at any given time.

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What Does LGBTQIA Mean?



- Lesbian
- Gay
- Bisexual
- Transgender
- Queer/Questioning
- Intersex
- Asexual

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L-G-B

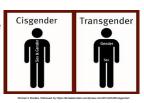
- Lesbian: A female- identified person who is attracted romantically, physically, or emotionally to another female-identified person
- Gay: A male-identified person who is attracted romantically, physically, or emotionally to another male-identified person
- Bisexual: A person who is attracted romantically, physically, or emotionally to both men and women

(Tahoe Safe Alliance, n.d.)

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Transgender-Cisgender

- Transgender: A person who is a member of a gender other than that expected based on anatomical sex (Tahoe Safe Alliance, n.d.)
- Cisgender: Refers to people whose sex assignment at birth corresponds to their gender identity and expression (Gender Spectrum Organization, n.d.)



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Queer 101

Queer: An umbrella term which embraces a variety of sexual preferences, orientations, and habits of those who do not adhere to the heterosexual and cisgender majority.

- The term queer includes, but is not exclusive to LGBTQIA
- Traditionally, this term is derogatory and hurtful, however, many people who do not adhere to sexual and/or gender norms use it to self-identify in a **positive** way (Tahoe Safe Alliance, n.d.)

WHAT IS QUEER TODAY IS NOT QUEER TOMORROW

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Intersex-Asexual

- Intersex: A person whose physical sex characteristics are not categorized as exclusively male or exclusively female
- Asexual: A person who is not attracted to anyone, or a person who does not have a sexual orientation.

What does it mean to be intersex?



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MSM ----WSW

- Terms often used in research and public health initiatives:
 - MSM: "Men who have Sex with Men"
 - WSW: "Women who have Sex with Women"



MSM ----WSW

• Patients however rarely use the terms MSM or WSW to describe themselves (Ard & Makadon, 2012)

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Crossdresser vs Drag Queen vs Transgender

Drag Queen is a gay or straight man that

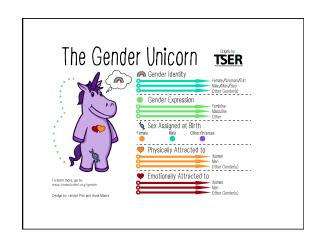
dresses as a female to

- Crossdresser is typically used to refer to straight men who occasionally wear clothes, makeup, and accessories culturally associated with women
 - entertain people (Zervigon, 2002)
- Transgender is the state of one's gender identity or gender expression not matching one's assigned sex (GLAAD, n.d.)









DEMOGRAHICS and HEALTH DISPARITIES

LGBT Demographics

Difficult to define the size and distribution of the LGBTQIA population due to:

- Heteronormativity
- Overlap between identities
- Lack of research
- Reluctance to answer (Ard & Makadon, 2012)



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Multiple U.S. surveys estimate:

- 3.5% U.S. Adults identify as L, G, B
- 0.3% identify as T
- Approximately 9 million LGBT total (Ard & Makadon, 2012)

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CDC: National Health Interview Survey

- •Sexual Orientation Information Statistics: US Adults
- Statistics information regarding:
 - -smoking, alcohol consumption, aerobic exercise
 - health insurance coverage/access to healthcare
 - -HIV testing, influenza shot
- •2015
 - -Gay/Lesbian: 1.6%
 - -Straight: 96%
 - -Bisexual: 0.8%

https://www.cdc.gov/nchs/nhis/sexual orientation/statistics.htm

NIH Research: Sexual and Gender Minorities (SGMs)

- •SGM:
 - -Includes: Lesbian, gay, bisexual, transgender
- October 2016: SGM designated as health disparity population for NIH research
- Sexual and Gender Minority Research Office (SGMRO)
- Research focus: What causes the health disparities?
- -Higher rates of depression, cancer, HIV/AIDS
- –Unique health challenges of transgender population taking exogenous hormones

Health Disparities in the LGBTQIA Community

Healthy People 2020

- · Higher prevalence of
 - Psychiatric Disorders (i.e., Depression)
 - Substance Abuse
 - Suicide (HHS, 2011)
- Higher Smoking & Alcohol consumption (GLMA, 2013)
- LGBT people are frequent targets



of stigma and discrimination (HHS, 2011) Smoking and Drinking. (2015). Retrieved form http://news.yale.edu/stex/dehault/files/shutterstock. 39900535 [gg

Why is LGBTQIA Health Important?

Benefits of addressing health concerns & reducing disparities include:

- Reductions in disease transmission and progression
- · Increased mental and physical wellbeing
- Reduced healthcare costs
- Increased longevity (HHS, 2011)



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LGBTQIA Clients in Healthcare

Long history of anti-LGBT bias in healthcare:

- •Until 1973, homosexuality listed as disorder in DSM
- •Gender Dysphoria in DSM-5 -the condition of feeling one's emotional and psychological identity as male or female to be opposite to one's biological sex (GLMA, 2013).



nttps:// autismsocietyofnc.files.wordpress. om/2014/01/dsm-5-small.jpg

Laws: Banning Discrimination

Only ~22 states have laws banning discrimination against LGBT individuals

· Recent changes (June 2015): U.S. Supreme Court declares same-sex marriage Legal in all 50 states



Non-Discrimination Laws: State By State Information



•How do non-discrimination laws affect health care?

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LGBTQ Community: **LIFESPAN Considerations**

LGBT Youth

- •Permission and Allowance to Be Whomever They Want to
 - -Self Identification

 - -"Boy" or "Girl" colors, clothing, pop culture -Dating and Sexual Interests or Disinterests
 - -Culture and Religion
 - -Gender Roles
- ·Create a Safe Place; Be a Safe Resource
- ·Leave Assumptions at the Door



LGBTQ YOUTH IN **SCHOOLS**

- •85.2% experience verbal harassment at school based on personal characteristic, most commonly sexual orientation and gender expression.
- •57.6% felt unsafe at school and did not report physical or verbal harassment most commonly because they doubted that effective intervention would occur.
- 48.6% experienced electronic harassment (cyberbullying)
- 63.5% of students who did report harassment to school staff were told to ignore bullying or staff did nothing to remedy situation.

National School Climate Survey, Executive Summary, 2015. www.GLSEN.org

The Youth and Gender Media Project

- Film: creating gender inclusive schools
- https://www.genderspectrum.org/creating-gender-inclusive-
- Filmmaker: Jonathan Skurnik

GENDER REVOLUTION

- A Journey with Katie Couric: Gender Revolution Feb. 2017 -TV special: An In-Depth Look at the Role of Genetics, Modern Culture, and Brain Chemistry on Gender Fluidity
- National Geographic: Special Issue January 2017
 - -The Science of Gender
 - -Making a Man
 - -Girls at Risk
 - -"The best thing about being a girl is, now I don't have to pretend to be a boy."

LGBTQIA Adults

Adult members of the LGBT community can face

occupational deprivation:

- Discrimination in the work force
- Limited participation in social and leisure activities
- Lack of community integration



LGBTQIA Older Adults

• LGBT individuals face unique challenges as they age. The current cohort of LGBT seniors grew up in period with less social acceptance of LGBT lifestyles and thus may harbor greater fears of stigma and discrimination than their younger counterparts $\mbox{\ \ (Ard\ \&\ \ \)}$ Makadon, 2012).



"The generation that fought hardest to come out of the closet is going back in to survive."

GenSilent Documentary

PRACTICAL APPLICATION

Creating a Safe Environment

- Office sign in procedures
 - -Paperwork: gender identification questions
- Front desk staff: attitudes/questions/sensitivity
- Bathroom signage:
 - -Unisex/Family =
 - •Not only for LGBT community
 - ·Caregivers of people with disabilities that are of a different gender then their client

Creating A "Safe" Interview

- Ensure that the client feels they can have an honest, safe, and confidential conversation with you as the healthcare provider.
- "Self-selecting": selecting specific information to share or omit from initial interview with healthcare provider in fear of judgment or discrimination.

INTERVIEW CONSIDERATIONS

Rather than asking a patient

- "Are you married?" or
- "Do you have a boy/ girl friend?"

Consider asking

- "Are you in a relationship?"
- "What do you call your partner?"
- What forms of safe sex practices do you use? (not everyone uses birth control)



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Facility Application

Simple changes in 1. forms, signage, and office practices can go far in making **LGBTQIA** individuals feel more welcome

What is your current gender identity? (mark all that apply):

What se (Circle one) Male
Female ☐ Decline to Answer

What pronoun do you prefer? (e.g., he/she, him/her)

Sample modified from (Ard & Makadon, 2012) t © 2015 Baker, Barajas, Dela Pena, and Scheuring. All Rights Reserved

Academic Application for Students

"Is there anything about who you are and what is important to you that might help us develop your fieldwork path together?"

Culture
Identity/Gender
Religion
Disability
Health
Background Checks/Drug Screens

LGBTQIA Education in Schools

- The median time for LGBT content in medical school curriculum in the United States:
 - 5 HRS (GLMA, 2013)



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Teaching Documentation
Using Case Studies in
Academic Setting

35 year old _____ who sustained a C6 spinal cord injury

TO TREAT ME YOU HAVE TO KNOW WHO I AM

Video

National LGBT Cancer Network

AOTA Toolkit



Suggestions to decrease discrimination:

- 1. DO assume you will have LGBT clients/patients.
- 2. DO remember that sexual orientation and gender identity are only two aspects of a person's overall identity and life experience, and every person's experience is unique.
- 3. DO ask your clients/patients about their sexual orientation and gender identity (including pronoun preferences) in a respectful, safe, and confidential manner.
- 4. **DO NOT** assume you can identify LGBT individuals by appearance or other external
- 5. DO NOT assume that treating everyone the same is effective or will make LGBT individuals feel safe or welcomed (AOTA, n.d.)

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WMU Office of **LBGT Student Services**

- http://www.wmich.edu/lbgt/
- Tips for Creating a Trans-Inclusive Classroom Environment
- Preferred Name Policy

Websites

- www.glsen.org
- ·www.glma.org
- www.transstudent.org
- www.genderspectrum.org
- http://www.nationalgeographic.com/magazine/2017/01/editorsnote-gender/
- http://channel.nationalgeographic.com/gender-revolution-ajourney-with-katie-couric/
- https://www.aclu.org/map/non-discrimination-laws-state-stateinformation-map
- https://www.cdc.gov/nchs/nhis/sexual orientation/statistics.htm

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