

Evidence-Based & Culturally Informed Practices to Reach Rural and Other Underserved Populations

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Wyoming Health Council
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Achieving Health Equity for Lesbian, Gay, Bisexual, and Transgender (LGBT) People

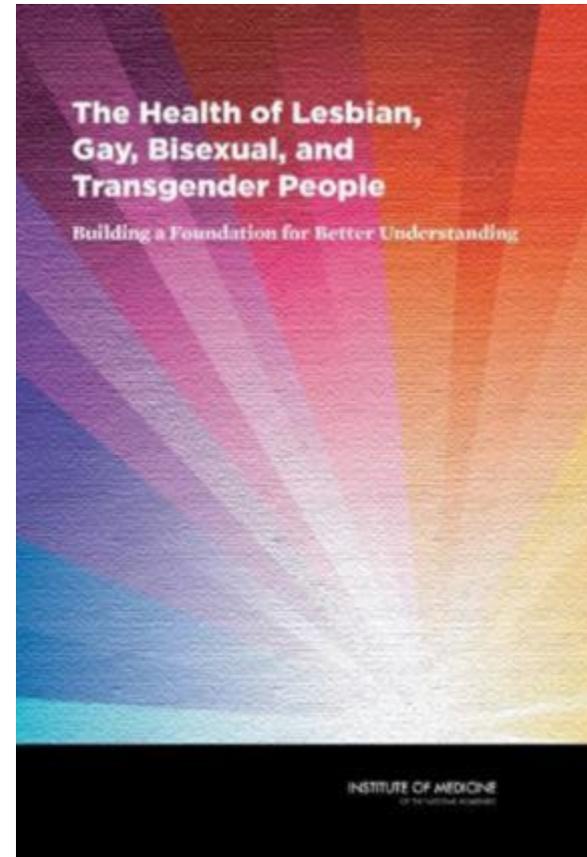
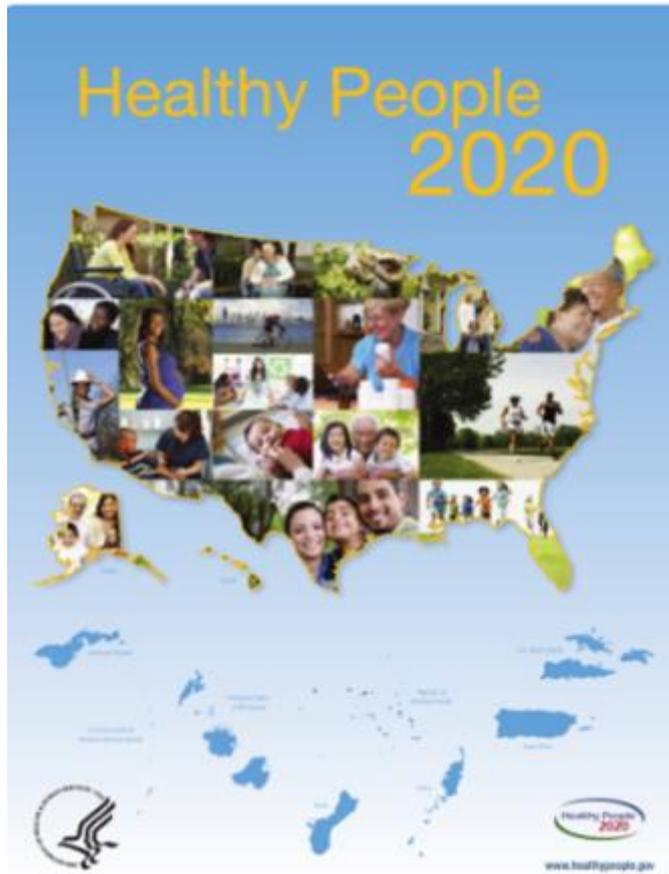


Learning Objectives

At the end of this module, learners will be able to:

1. Describe health disparities in lesbian, gay, bisexual, and transgender (LGBT) populations
2. Explain LGBT definitions and concepts
3. Describe ways to overcome barriers to providing better care to LGBT people

Why LGBT Health?



Stigma and Discrimination



Effects of Stigma on Health

- Daily stressors caused by stigma and discrimination can lead to adverse mental and physical health outcomes
- Internalized stigma can cause self-harm and unhealthy risk behaviors
- Fearing discrimination by health care providers affects access to care

Health Issues Throughout the Life Course



- Childhood & Adolescence
- Early & Middle Adulthood
- Later Adulthood



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LGBT Disparities: Healthy People 2020

- LGBT youth are:
 - 2 to 3 times more likely to **attempt suicide**
 - More likely to be **homeless** (20-40% of homeless youth are LGBT)
 - At higher risk of **HIV and STDs**



LGBT Disparities: Healthy People 2020

- LGBT people **smoke tobacco** at much higher rates than the general population (30% vs 20%)
- LGBT people also have higher rates of **alcohol and drug use**



LGBT Disparities: Healthy People 2020

- Gay and bisexual men and transgender women are at much higher risk of **HIV and STDs**, especially among communities of color
- Lesbians are less likely to access **preventive services for cancer**



LGBT Disparities: Healthy People 2020

- Transgender people experience very high rates of **victimization** and **suicide attempts**
- Older LGBT adults face additional barriers to health care because of **isolation, fewer family supports, and a lack of social and support services**



Resilience in the LGBT Community

Despite the many challenges that LGBT people often face, both internal and community-derived resilience can be protective factors in the health and well-being of many LGBT people



Sexual Orientation and Gender Identity are Not the Same

- All people have a sexual orientation and gender identity
 - How people identify can change
 - Terminology varies
- Gender Identity \neq Sexual Orientation



Sexual Orientation

- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Attraction/Desire
- Behavior:
 - Men who have sex with men (and women): MSM/MSMW
 - Women who have sex with women (and men): WSW/WSWM
- Identity:
 - Straight, gay, lesbian, bisexual, queer, other

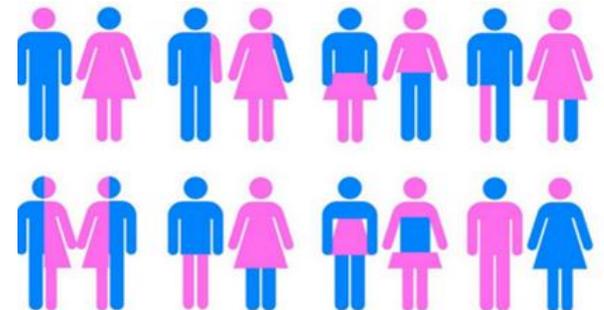
Dimensions of Sexual Orientation

- **Identity**
- Do you consider yourself gay, lesbian, bisexual, straight, queer, something else?
- **Attraction/Desire**
- What gender(s) are you attracted to?
- **Behavior**
- Do you have sex with men, women, both?



Gender Identity and Gender Expression

- Gender identity
 - A person's internal sense of their gender (e.g.: male, female, both, something else?)
 - All people have a gender identity
- Gender expression
 - How one expresses themselves through mannerisms, speech patterns, dress, hairstyles, etc.
 - May be more or less masculine or feminine



Transgender Definitions

- Transgender people have a gender identity that is not the same as their assigned sex at birth
- Common terminology
 - Transgender woman, trans woman, male to female (MTF)
 - Someone assigned male sex at birth whose gender identity is female
 - Transgender man, trans man, female to male (FTM)
 - Someone assigned female sex at birth whose gender identity is male
 - Genderqueer
 - Someone who identifies as neither gender, both genders, or a combination of male and female genders
 - Many other terms are used in U.S. and globally
- Cisgender: people who are not transgender



Gender Affirmation

- Gender affirmation (transition) is the process by which individuals are affirmed in their gender identity
- Transgender people may choose to make social, medical, and/or legal changes to affirm their gender identity, including:
 - Social: e.g., clothing, pronouns, name
 - Medical: e.g., cross-sex hormones, surgery
 - Legal: e.g., changing their name and sex on birth certificate, driver's license, etc.

(Grant, 2011)

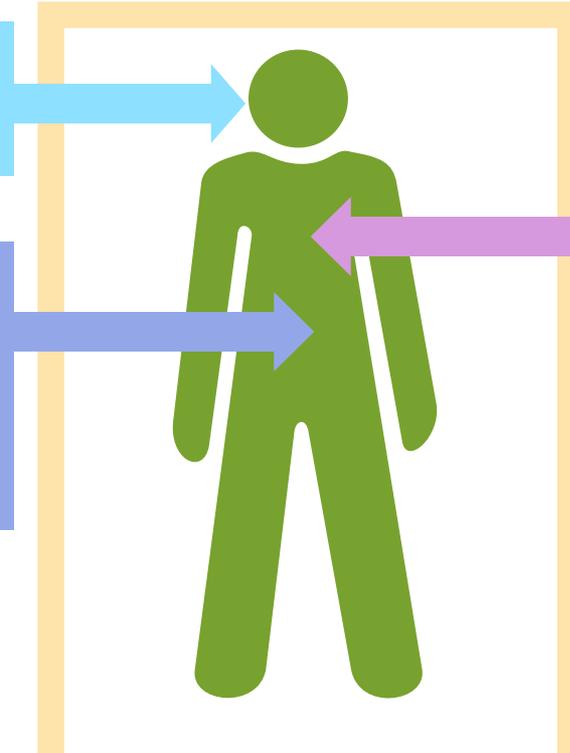
Reviewing Terminology

Gender Identity

- What your internal sense tells you your gender is

Sexual Orientation

- Whom you are physically and emotionally attracted to
- Whom you have sex with
- How you identify your sexuality



Sex

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

Gender Expression

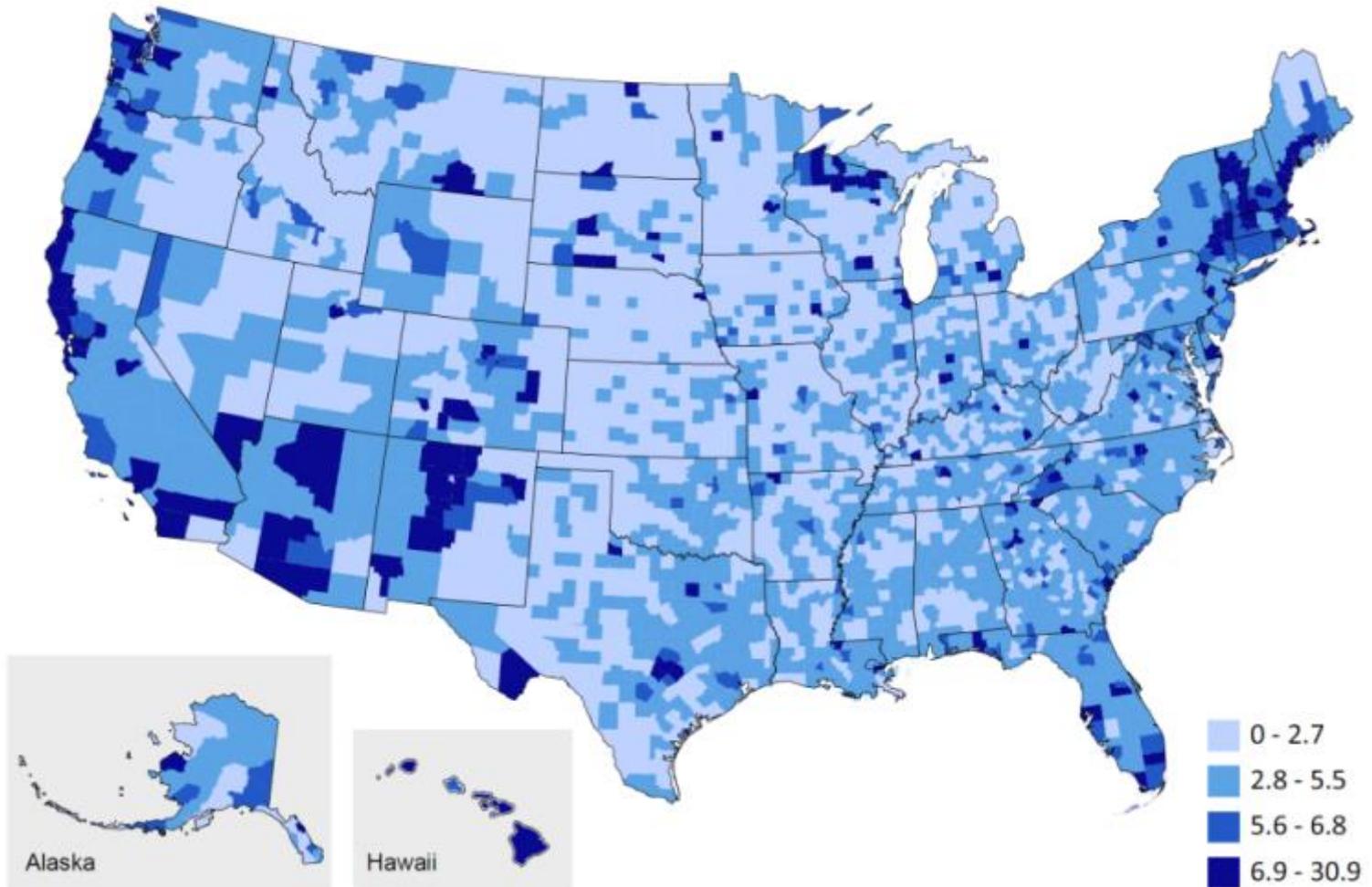
- How you present your gender to society through clothing, mannerisms, etc.

How Many People are LGBT in the U.S.?

- Identify as lesbian, gay, or bisexual
 - 3.5%
 - Women more likely than men to identify as bisexual
- Report same-sex sexual contact
 - 8.2%
- Report at least some same-sex attraction
 - 7.5 - 11%
- Identify as transgender
 - .3% (based on limited data)

(Laumann et al.,1994; Gates et al., 2011)

Same-Sex Couples/1000 Households by County: 2010 Census



(Gates, 2011)

Vulnerability to Poverty

- Children of LGB parents are especially vulnerable to poverty
 - African American children in gay male households have the highest poverty rate (52.3%) of any children in any household type
 - the rate for children living with lesbian couples is 37.7%
- 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

(Badgett, Durso, Schneebaum, 2013)

Overcoming Barriers



Population Health: Ending LGBT Invisibility in Health Care

- Has a clinician ever asked you about your history of sexual health?
- Has a clinician ever asked you about your sexual orientation?
- Has a clinician ever asked about your gender identity?



Getting to Know Patients in Clinical Settings



The Core of the Cross-Cultural Interview

- Respect
- Empathy
- Curiosity

(Adapted from Carillo, et al, 1999)

Communication Tips

- Get to know your patients as a person (e.g., jobs, partners, children, living circumstances)
- Use inclusive and neutral language, for e.g.,
 - **Instead of:** *“Do you have a wife/husband or boy/girlfriend?”*
 - **Ask:** *“Do you have a partner?”* or *“Are you in a relationship?”* *“What do you call your partner?”*
- Listen to how people describe their own identities and partners--use the same terms, if comfortable
- Each individual is unique: If you know one LGBT person, you only know one LGBT person!

Using Correct Pronouns

- It is important to use a patient's preferred pronouns
 - Most trans women prefer “she” or “her” and most trans men prefer “he” or “his”
 - Some people may use pronouns which are unfamiliar to you, such as “they” or “zie” (singular)
 - Ask if you are unsure what pronoun to use
 - New terms may make people uncomfortable, but our goal is to make our patients feel affirmed
- If you accidentally use the wrong pronoun?
 - *“I’m sorry. I didn’t mean to be disrespectful.”*



Taking a History of Sexual Health

- The core comprehensive history for LGBT patients is the same as for all patients (keeping in mind unique health issues and disparities of LGBT populations)
- Make it routine for all patients
- Make no assumptions
- Put it in context (e.g., as part of social history)
- Assure confidentiality

IOM Reports

- *The Health of LGBT People: Building a Foundation for Better Understanding* (2011): “Data on sexual orientation and gender identity should be collected in electronic health records.”
- *Collecting SOGI Data in Electronic Health Records* (2012): “...data collection should start now to better understand the health care issues experienced by LGBT people.”



Why Gather Data on Sexual Orientation and Gender Identity?

- Increases ability to screen, detect, and prevent conditions more common in LGBT people
- Helps develop a better understanding of patients' lives
- Patients may feel safer discussing their health and risk behaviors once they've been asked, even if they haven't disclosed
- Allows comparison of patient outcomes within health care organizations and with national survey samples of LGBT people

Focus on Specific Issues

- HIV Prevention
- Smoking Cessation
- Preventive Screening
- Youth Issues
- Transgender Health



Why is HIV Incidence Highest Among Black MSM?

- Sexual risk behaviors and substance use **do not** explain the differences in HIV infection between black and white MSM
- The most likely causes of disproportionate HIV infection rates are:
 - Barriers to access health care
 - Low frequency of recent HIV testing
 - Delayed treatment of STIs which facilitate HIV transmission
 - High HIV prevalence in black MSM networks, especially among those who identify as gay.

(Millett et al, 2007 and 2012)

Transgender Women are also at High Risk

- Estimated HIV prevalence in transgender women
 - 28% in US
 - 56% in African-Americans
 - 18-22% worldwide
- Transgender women are nearly 49 times more likely to have HIV than other adults of reproductive age
- Risk factors for HIV include
 - Social and economic marginalization
 - High unemployment, engaging in sex work
 - Limited health care access
 - Lack of familial support

Baral, 2013; Herbst, 2008; Schulden, 2008

Where do Transgender Men fit into all of this?

- While transgender men are less likely to have HIV than transgender women, their rates of infection are still higher than that of the general population.
- Evidence also suggests high risk of, and rates of, STD's.



Studies of Tobacco use among LGBT People

- LGBT people smoke at much higher rates than non-LGBT individuals
- 30.8% of LGB adults smoke vs. 20.5% of heterosexual adults
 - Bisexual rates may be higher (38-39%)
- 30% of transgender people smoke (based on limited data)

(Agaku et al, 2014, ALA, 2010, and Grant et al, 2011)

Motivations for Smoking

- Smoking may be used for coping with stress related to stigma
- Smoking norms were historically established in LGBT social venues (bars, clubs)
- Tobacco companies target marketing directly to LGBT communities/media

(ALA, 2010)

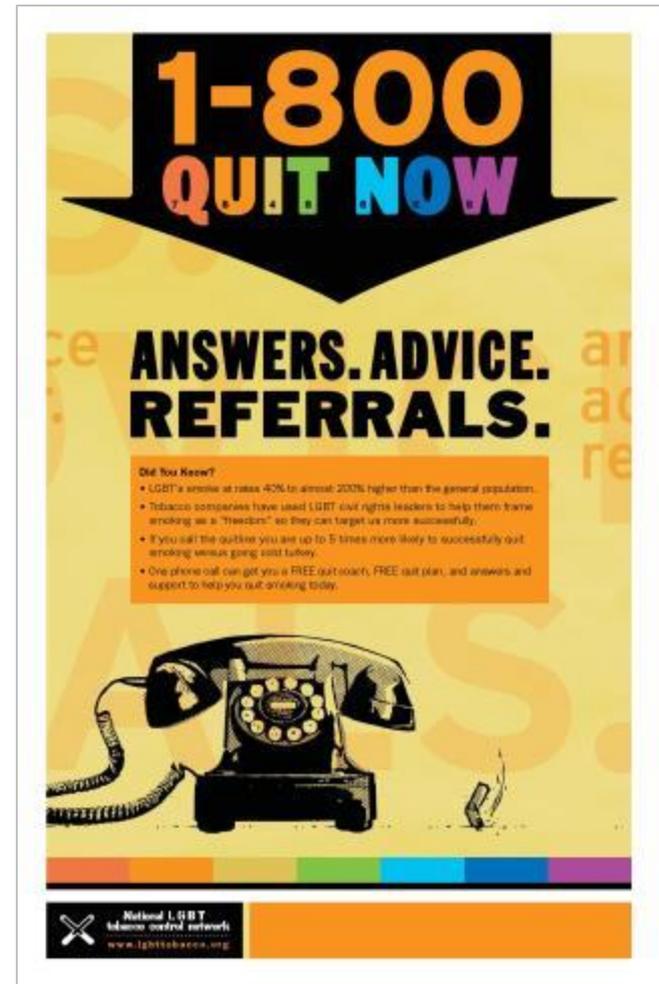
The Clinician's Role is Critical

- Most who smoke see clinicians
- It is critical (and simple) to be prepared
- The **5 A's**
 - **A**sk about tobacco use
 - **A**dvice to quit
 - **A**ssess willingness to attempt to quit
 - **A**ssist in quit attempt
 - Medication and Counseling
 - Interventions to increase likelihood to motivate in the future
 - **A**rrange follow up

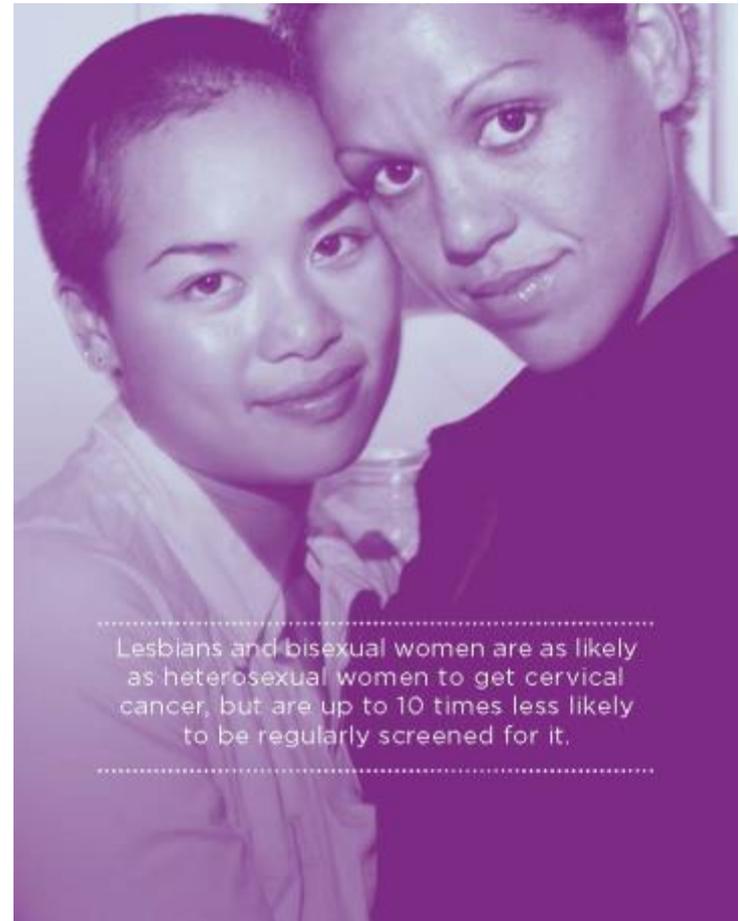
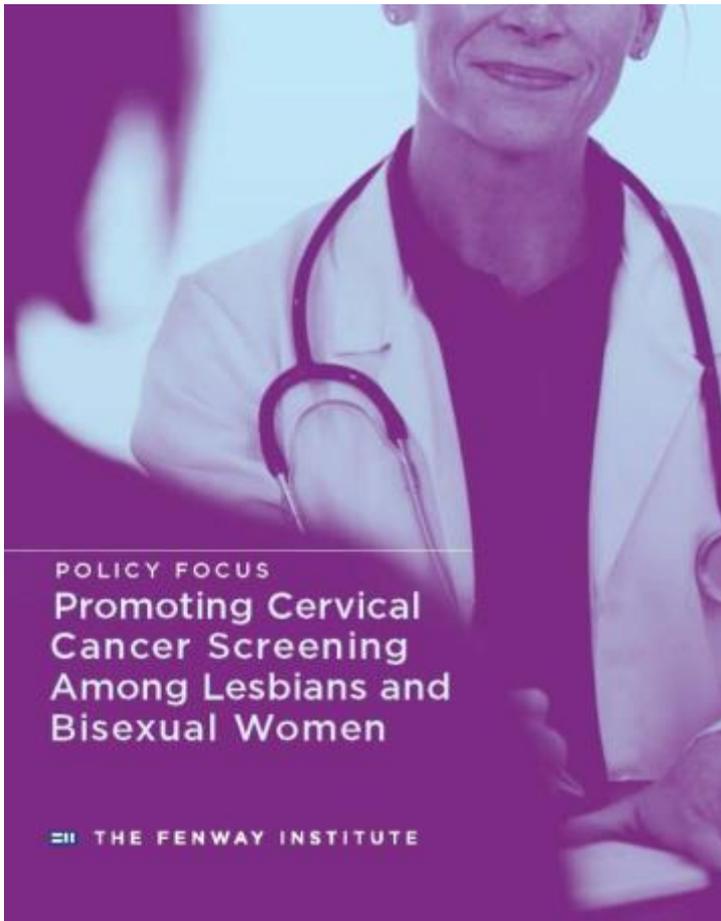
(Milko, 2014)

Tobacco Cessation Resources for LGBT People

- LGBT patients may need additional resources/tools to help them quit
- Network for LGBT Tobacco Control: lgbttobacco.org
 - LGBTQ QuitGuide & QuitLine



Quality Preventive Care for Lesbians, Bisexual Women, and Transgender Men



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Cancer Prevention for Lesbians and Bisexual Women: Cervical Cancer & Breast Cancer

- Rates of cervical cancer are as high for lesbians and bisexual women as for heterosexual women
- Studies have found that lesbians have significantly lower cervical cancer screening rates
- A recent study from NYC indicates that lesbian/bisexual women over 40 are significantly less likely to have had a mammogram than heterosexual women
- Educational programs should emphasize the need for women who exclusively have sex with women, and bisexual women, should be screened according to usual guidelines

(Charlton, 2011, ESPAF, 2013, and Peitzmeier, 2013)

Transgender Men and Cervical Cancer Screening

- The majority of transgender men do not undergo complete sex reassignment surgery and still retain a cervix if a total hysterectomy is not performed
 - Cancers of female natal reproductive organs are still possible in these individuals, and cervical cancer has been documented in a male transgender patient
- Transgender men with a cervix should follow the same screening guidelines as natal females
 - Pap tests can be difficult for transgender men for a number of reasons
- Sensitivity to these unique barriers is important while still emphasizing the importance of regular screening

LGBTQ Youth



Developmental Challenges

Same as for all adolescents, PLUS need to:

- Establish a comfortable sense of own sexual/gender identity (some need to negotiate both ethnic and sexual identity)
- Decide when and to whom to “come out”
- Deal with internal & external homophobia/transphobia, bullying, marginalization
- Deal with feelings of isolation; may receive limited support from family, peers, and other adults; lack role models



Discussing Identity with Youth

- Youth may not disclose their sexual and gender identity to a clinician (that's okay)
- Youth sometimes reject labels, and may see their sexual or gender identity as fluid
 - Some use “Queer” as all-encompassing label
- Let patients use their own terminology for their identity, even if it does not match their sexual behaviors
- Talk to patients about how comfortable they are with others knowing, including other provider referrals

Family Rejection and Acceptance

- LGBTQ youth who are rejected by parents are more likely to attempt suicide, report depression, use illegal drugs, and have unprotected sex
- Parental rejecting behaviors include:
 - Forbidding interaction with LGBTQ peers
 - Blaming child for being victim of bullies
 - Hiding child's sexual identity from other family members and friends
 - Kicking child out of house

Family Acceptance Strategies

- Ask patients how their families have reacted to their coming out
- Explain to parents the negative impact of rejecting words and behaviors, even when they mean well
- Suggest parents support their child's sexual orientation/gender identity as much as possible (okay to be uncomfortable; a little support goes a long way)
 - Resources: <http://familyproject.sfsu.edu> and www.pflag.org



MY SON IS MY LIFE



**I know he is gay
and I don't always understand,
but that doesn't change my love for him.**

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hotline@gmhc.org
www.gmhc.org

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Clinical Care of Transgender People Requires Knowledge of Gender Identity and Sex Assigned at Birth



Appropriate Screening: Jake R's Story

- Jake R is a 45-year-old man who came in with pain and on x-ray what appeared to be metastases from a unknown primary cancer
- Evaluation ultimately showed that he had developed cancer in his residual breast tissue after surgery to remove his breasts
- No one told Jake that he needed routine breast cancer screening, even though his mother and sister also had breast cancer



Quality Care for Transgender People: Louise M's Story

- Louise M is a 59-year-old woman who developed a high fever and chills after head and neck surgery
- The source of infection was her prostate gland (acute prostatitis), but no one knew that she had this anatomy
- No one asked her about her gender identity or knew she was transgender



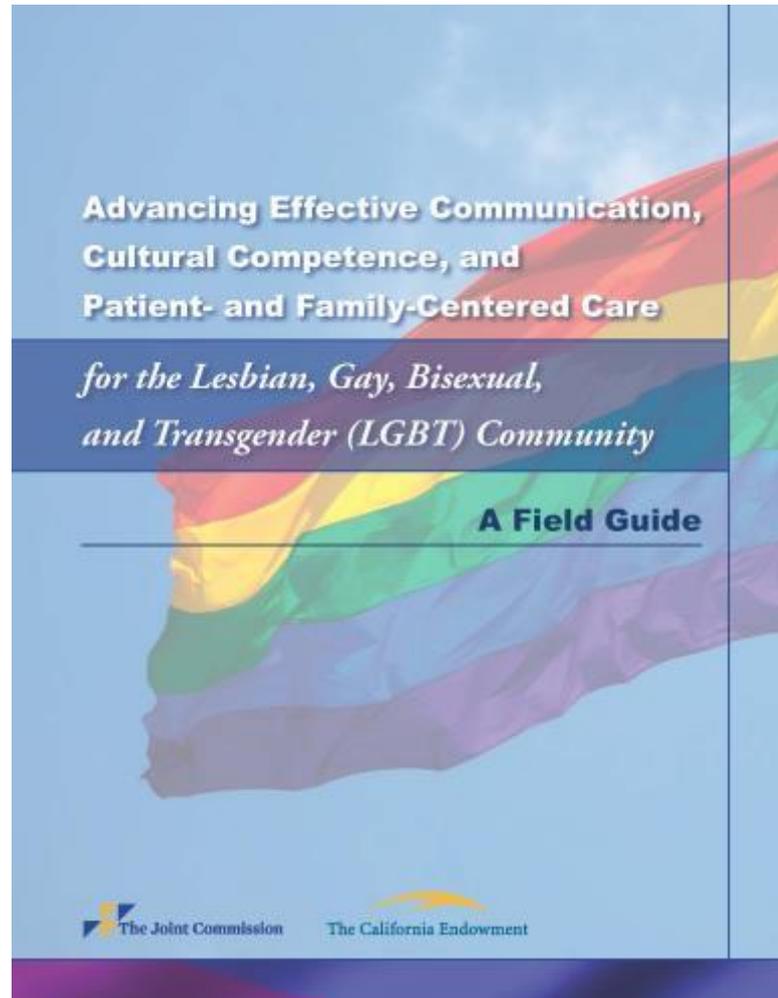
Creating a Welcoming and Inclusive Environment for Caring, Working, and Learning



Experiences Shape Expectations

- LGBT people experience discrimination or prejudice from health care staff when seeking care
- Bad experiences are a big reason why LGBT people do not seek medical care
- Many report that they look for “clues” when arriving at a health care facility, such as the way they are greeted by staff, whether non-discrimination policies are posted in public areas, or if there are single-occupancy or gender-neutral bathrooms

The Joint Commission



TJC: Patient-Centered Communication Standards for Hospitals

- RI.01.01.01: The hospital respects, protects and promotes patient rights.
 - EP 28: The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of the stay.
 - EP 29: The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, **sexual orientation, and gender identity or expression.**

Ten Best Practices for LGBT-Affirming Health Care Environments

1. The board and senior management are actively engaged
2. Key policies include LGBT identities and families
3. Registration/intake processes and medical histories include LGBT identities and relationships
4. Sexual orientation and gender identity information is collected and entered into electronic medical records
5. All staff receive training on culturally affirming care for LGBT people
6. Services incorporate LGBT health care needs
7. The physical environment welcomes and includes LGBT people
8. LGBT staff are recruited and retained
9. Outreach and engagement efforts include LGBT people in your community
10. Data is collected on LGBT patient satisfaction and quality

Adding Affirmative Imagery and Content to Education and Marketing Materials



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!**

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**Pregunte
y dígalo**

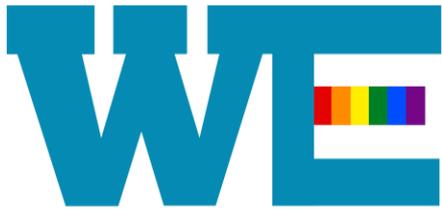
Deje que su proveedor sepa si usted es LGBT. Su proveedor apreciará la conversación. **¡Comience hoy!**

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So what is happening in Wyoming?

- HIV and STD cases are on the rise
- Lack of trained LGBTQ+ trained professionals
- Non-discrimination legislation fails; bathroom bill is defeated
- Active GSA groups in Laramie, Cheyenne, Casper, and Jackson
- Active PFLAG chapters in Casper, Gillette, Laramie, and Jackson
- Non-discrimination resolutions in Douglas, Gillette, and Cheyenne
- Non-discrimination Ordinance in Laramie & Jackson

Wyoming LGBTQ Resources



God is still speaking,
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Casper, Wyoming

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