Promoting Awareness of Healthcare Disparities in the Lesbian, Gay, Bisexual, Transgendered and Queer (LGBTQ) Population

LOUISA KELSEY, RN, BSN, LMHC, MS
BUFFALO PSYCHIATRIC CENTER’S LGBTQ COMMITTEE
3/1/2016
INTRODUCTION

- YouTube video “To Treat Me, You Have To Know Who I Am.”
- PowerPoint
- Answer Questions
https://www.youtube.com/watch?v=NUhvJgxgAac
OBJECTIVES

2. Define LGBT terminology.
3. Define homophobia, heterosexism, and heteronormativity.
4. Identify LGBT health disparities.
5. Describe how discriminatory practices effects LGBT health disparities.
6. Discuss how healthcare practices contribute toward LGBT health disparities.
7. Identify Federal and Accreditation initiatives that address LGBT health disparities.
8. Identify research challenges and the important of LGBT advocacy.
Each person has his or her unique characteristics and background.

Each LGBT person has a unique experiences (common yet different).

Generalizing terms only encourages stereotyping and assumptions.

The research attempts to capture common characteristics for each sexual orientation however not all definitions are absolute and are subject to change.
LGBT POPULATION

- ACCORDING TO THE WILLIAMS INSTITUTE (2011)
  - Over 8 million adults in the US identify as either lesbian, gay or bisexual comprise 3.5% of the adult population.
  - This number is equal to the population of New Jersey.
  - Criticism of this study is that it’s not a true representation of LGBT community.
DEFINITIONS

Sexual Orientation

Sexual Identity

Gender Identity and Expression
SEXUAL ORIENTATION

Describes a person’s emotional and/or physical attraction to people of the same gender and/or a different gender and or both  

| Exclusively opposite sex attraction | Primarily opposite sex; some same sex | Both sexes; preference for opposite sex | About equal “50:50” preference | Both sexes; preference for same sex | Primarily same sex; some opposite sex | Exclusively same sex attraction |

Sexual identity is defined as the label that people adopt to signify to others who they are as a sexual being, particularly regarding sexual orientation.

In general, most people adopt a sexual identity that “matches” their sexual orientation.

However, there is a sizable number of people for whom sexual orientation does not coincide with their sexual identity.

[Source: http://kinseyconfidential.org/sexual-identity-sexual-orientation/#sthash.D1mUrQrx.dpuf]
Example: Chloé has a long term relationship with her boyfriend and on occasion engages in intimacy with another woman.

• One can presume that Chloe’ is bisexual.
• However, Chloe’ identifies as heterosexual.
Gender Normative/Cisgender. Refers to people whose sex assignment at birth corresponds to their gender identity and expression.

Gender identity: is one’s internal sense of self as male, female, both or neither.

Gender expression: The manner in which a person communicates their gender within a given culture and or social standard.
Lesbian:
- Women who primarily choose to partner with women.

Gay:
- Refers to men who primarily choose to partner with men.
- Some lesbians prefer this term. (Eliason, DeJoseph, Dibble, Deevey, 2011)
LGBT Defined

Bisexual

- Individuals who choose to partner on the basis of characteristics other than gender.
- Individuals who prefer to partner with men and women.

Transgender

- An umbrella term for people who do not conform to conventional notions of male or female gender.  
  (Eliason et al., 2011).
TRANSGENDER

- Generally refers to a person whose gender identity does not match their assigned birth gender.

- Being transgender does not imply any specific sexual orientation (attraction to people of a specific gender.)
Chaz Bono states “I was not a lesbian, but rather, was a man trapped in a woman's body.”

Caitlyn Jenner “Sexuality is who you're attracted to, but gender identity is about who you identify with.” Attracted to women and identifies as heterosexual.
Queer

- Refers to individuals who use a broader label to indicate a non-heterosexual status.
  - Contingent upon generation and/or geography this term can be either perceived as affirming or derogatory. ([Eliason et al., 2011](#)).
  - Growing number of individuals, especially youth, identify with this term because they experience their identity as more fluid and inclusive than the traditional sexual orientation categories.
LGBT people have a common history of discrimination, violence, and oppression. Discriminatory practices persist today and are found in the following examples:

- Bullying
- Housing
- Employment
- Healthcare
- Business-related benefits as insurance retirement
- Lack of supportive services for LGBT elders and teens

(HealthyPeople. 2012). (Googleimages.n.d.)
ROOT OF LGBT DISCRIMINATION

- Homophobia
- Heterosexism
- Heteronormativity
HOMOPHOBIA

Irrational fear, aversion, discomfort, and dislike of LGBT people that leads to:

- Discrimination
- Violence
- Victimization

‘it grosses me out when two guys kiss’

(Ellison, DeJoseph, Dibble, Deevey, & Chinn, 2011)
HETEROSEXISM

Ideological belief system that maintains:

- Heterosexuality is inherently superior.
- All people despite their unique differences are to adapt and behave like heterosexuals.
- Any other sexual orientation is considered wrong or less than.
- Mainstay in many religious, cultural, and institution settings.

**Example:** Assuming that everyone has or is interested in having an opposite-sex partner. (Ellison et al., 2011)
A continuum of fixed irrational beliefs and adherence to traditional values that accepts heterosexuality as the normative standard.

Opposite sex attractions and partnerships are the only acceptable norm.

These beliefs fuel discrimination against LGBT people.

(Klotzbaugh & Spencer, 2014)
HETERONORMATIVITY

- Norming phenomenon whereby heterosexuality is woven into the fabric of culture and society as the expected and normal sexual orientation (Morrison & Dinkle, 2012).

- Heteronormativity is a heterosexual societal default that influences how individuals perceive and interact with the environment.
Don’t ask don’t tell (DADT): the US military could not discriminate against LGBT people however LGBT people were not allowed to be open about their sexual and gender identity.

Defense of Marriage Act (DOMA): only allowed marriage between one man and one woman.

DSM-IV: Designated homosexuality as a psychiatric illness.

Clinical forms lack inclusive demographic and assessment questions that pertain to LGBT people.

Insurance forms (among others) do not typically include sexual orientation, identity, and gender. (Morrison & Dinkle, 2012)
PATIENT INFORMATION:

LAST NAME: ___________________ FIRST NAME: ___________________ L: ______

SEX: ___________________ DATE OF BIRTH: ___________ SS#: ___________ EMAIL: ___________

ADDRESS: ___________________ CITY: ___________________ STATE: ___________________ ZIP: ______

EMPLOYER: ___________________ MARITAL STATUS: Single Married Widowed Divorced

HOME PHONE: ___________________ CELL: ___________________ WORK PHONE: ___________________

***Please circle the telephone number where we can best reach you or leave a message***

SPOUSE/RESPONSIBLE PARTY - INFORMATION:

LAST NAME: ___________________ FIRST NAME: ___________________

SS#: ___________________ EMPLOYER: ___________________

EMERGENCY CONTACT: ___________________ PHONE: ___________________

REFERRING PHYSICIAN: ___________________ FAMILY PHYSICIAN: ___________________

PHARMACY: ___________________

ASSIGNMENT AND RELEASE: I hereby assign my insurance benefits to be paid directly to Lakeshore Dermatology Laser & Medical Spa. I am financially responsible for ALL NON-COVERED services. I also authorize the physician to release any information required to process my claim to my employer or insurance company.

(Signature of patient or parent if minor) ___________________ Date: ___________

I give permission for my medical information or test results to be released to the following people:

1. ___________________ Relationship: ___________________
A prescriber obtains information on a female patient:

Prescriber: Are you sexually active?
Patient: Yes
Prescriber: What birth control do you use?
Patient: I don’t use birth control.
Prescriber: So I assume you’re planning to get pregnant?
Patient: No
Prescriber: If you don’t use birth control, you run the risk of getting pregnant.
Patient: I’m married to a woman.
HETEROSEXUAL PRIVELEGED

- Immediate access to your loved one in case of accident or emergency.
- Public recognition and support for an intimate relationship (e.g., congratulations for an engagement).
- Expressing affection in most social situations and not expecting hostile or violent reactions from others.
- Living with your partner and doing so openly.
- Expressing pain when a relationship ends from death or separation and receiving support from others.
- Learning about romance and relationships from fiction movies and television.
- Having role models of your gender and sexual orientation.

: http://itspronouncedmetrosexual.com/2012/01/29/examples-of-heterosexual-privilege/#sthash.eo4Wrgvl.dpuf
MINORITY STRESS

Chronic and sustained high levels of stress due to the stigmatization of being in a minority group. [IOM, 2011]

LGBT people are recognized as a sexual minority as a result of current and past prejudicial & discriminatory practices. [IOM, 2011]
DISCRIMINATION LINKED TO DISPARITIES

- Marginalization
- Feeling invisible
- Fear and anxiety
- Isolation
- Shame and guilt
- Oppression
- Violations of Civil Liberties

Minority stress

Contribute to health disparities

(IOM, 2011)
Minority Stress

- Eating disorders
- Alcoholism
- Substance abuse
- Depression
- Anxiety
- Cigarette Smoking & Cancer rates
- Suicide

(Sabin, Riskind, Nosek, 2015)
LGBT youth are more likely to attempt suicide and be homeless.

LGBT populations have higher rates of tobacco, alcohol, and other drug use.

LGBT populations have a higher prevalence of certain mental health issues.

Transgender individuals have a high prevalence of attempted suicide and victims of violence.
Gay, bisexual, and ‘men who have sex with men’ (MSM) are at higher risk for HIV and other sexually transmitted infections.

Young MSM and transgender women, especially those who are black, are at especially high risk for HIV.

Lesbians and bisexual women are more likely to be overweight or obese.
Lesbians are less likely to get preventive services for cancer.

Elderly LGBT individuals face additional barriers to optimal health because of isolation and a lack of culturally appropriate social services and providers.
HEALTHCARE BARRIERS

- ACCESS
- INSURANCE COVERAGE
- KNOWLEDGE DEFICITS
- DISCRIMINATION AND PREJUDICE
Many healthcare providers believe that their practice is inclusive and provides equity of care.

However, the majority of healthcare providers continue to adopt (automatic pilot) the standard heteronormativity perspective.
HEALTH PRACTICES

- Medical forms do not reflect the continuum of sexual orientation, sexual identity, and gender identity.

- Neglect to ask about pronoun preferences.

- Assume all patients are heterosexual and paired with opposite sex partners.
HEALTH PRACTICES

- Limited to no experience in LGBT:
  - Cultural diversity training
  - Specific health and social concerns
  - Medical students average five hours or less on LGTB training.
  - Nurses may have less to no training.

- Medical facilities lag behind LGBT inclusive initiatives:
  - Absence of LGBT health literature or signage.
  - Failure to accept same sex partners as health proxies.
  - Employment practices lack updates on fair, inclusive, and safe work environments for LGBT people.  

  (Strong & Folse, 2015)
RESEARCH CHALLENGES

- Sexual orientation and gender identity questions are not asked on most national or state surveys, making it difficult to estimate the number of LGBT individuals and their health needs.
- Data obtained from same sex couples versus single LGBT people.
- Terminology is difficult to operationalize.
- Researchers need more training regarding LGBT issues.

(Coult, Kenset, Bownen, Scout, 2014)
Research Concerns

- Small, non-representative studies, and convenience samples.
- Difficult to recruit LGBT due to social stigma and fear of discrimination.
- More information on lesbian, gay, bisexuals than transgender individuals.
- Grants and research awards are allocated to non-LGBT studies.  
  (Coulter, Kenset, Bownen, Scout, 2014)
GOVERNMENTAL & REGULATORY AGENCIES

Promotion of LGBT equality and the elimination of health disparities:

- The Joint Commission (2011)
- CDC
- Institute of Medicine (2011)
- Healthy People 2020
- Department of Health and Human Services
Lesbian, Gay, Bisexual, and Transgender Health

People who are lesbian, gay, bisexual, or transgender (LGBT) are members of every community. They are diverse, come from all walks of life, and include people of all races and ethnicities, all ages, all socioeconomic statuses, and from all parts of the country. The perspectives and needs of LGBT people should be routinely considered in public health efforts to improve the overall health of every person and eliminate health disparities. Read more »
The Health of Lesbian, Gay, Bisexual, and Transgender People
Building a Foundation for Better Understanding
HRC’S 2014
HEALTHCARE EQUALITY INDEX
Find out how your healthcare facility ranked on LGBT patient equality
HEALTHCARE EQUALITY INDEX

- Patient Non-discrimination
- Equal Visitation
- Employment Non-discrimination
- Training in LGBT Patient-Centered care
Second edition written by leading experts in the field of LGBT health in conjunction with The Fenway Institute at Fenway Health.

A trusted and respected community-based research, education, and care centers.

**Presents important issues facing patients and practitioners, including:**

- Principles for taking an LGBT-inclusive health history
- Caring for LGBT youth, families, and older adults
- Behavioral Health Care: coming out, intimate partner violence, drug, alcohol, and tobacco use

**Understanding health care needs of transgender people**

- Development of gender identity in children and adolescents
- Sexual health and HIV prevention
- Policy and legal issues
https://store.acponline.org/eBizATPRO/images/ProductImages/FenwayGuide2.gif
Ensuring equality in healthcare for LGBT individuals and healthcare professionals since 1981
AFFORDABLE CARE ACT
LGBT Health Goals

Eliminating LGBT health disparities and enhancing efforts to improve LGBT health are necessary to ensure that LGBT individuals can lead long, healthy lives.

- Reductions in disease transmission and progression
- Increased mental and physical well-being
- Reduced health care costs
- Increased longevity (Health people 2015)
The Latin phase, “primum non nocere.” Simply meaning, “first, do no harm.” As healthcare providers, these words are a reminder to consciously and purposefully deliver quality services with no intention to inflict harm to the patient. When LGBT people suffer needlessly at the hands of providers who were ill prepared to deliver quality services, harm was inevitably done. Harming is a direct contrast to healing.

All people have rights to healthcare services despite our differences. In order to effectively and mindfully treat all people equally, healthcare providers must engage in the continuous pursuit of cultural competency. Equally as important, is our own self-awareness; being consciously attentive to our biases and prejudices.

Healthcare providers can take the national initiative toward advocating for more research, evidenced based treatment modalities, theoretical frameworks and the inclusion of LGBT courses to college curriculums. Anything less, would only do harm.


