Reexamining LGBT Healthcare

WELCOMING LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) INDIVIDUALS INTO HEALTHCARE
Goals

- Define LGBT identities and issues
- Examine the particular hurdles and challenges that LGBT people face in accessing health care
- Provide simple steps you can take to remove barriers to care
- Answer questions, provoke discussion
This material may be new or review for you

- Moving beyond “I treat all people the same”
- Recognizing that all clients - and all providers - have a sexuality and a gender identity
- Learning specific skills to reach out to LGBT patients
“To Treat Me, You Have to Know Who I Am:

Welcoming lesbian, gay, bisexual and transgender (LGBT) patients into healthcare”
After the video

- What did you learn from the video?
- What questions are you left with?
REALLY?

- Why don’t you know who they are?
- Does it matter who is LGBT?
- Who is responsible for coming out?
Why do we need to know who our LGBT patients are?

- Patient experiences impact health outcomes.
- It gives you increased knowledge about your patients’
  - health risks
  - support system
- Those who come out are more likely to access health care, adhere to treatment, and develop trust in the facility
- Lie or Leave
It’s YOUR Job

- To make it safe to come out.
- To ask the questions on the forms and in person that will invite people to bring their whole selves.
- Ask these questions of all people.
• 45% of transgender patients have not told their family physician that they are transgender (Bockting, 2000)

• 40% of gay men (NYC, 2008) have not told their doctor they are gay

• 70% lesbians do disclose their sexual orientation to their provider, although only 29% were asked by their provider (Stein, 2001)
The Good News:

You don’t have to be an expert on LGBT culture to offer culturally competent care

You just need

- Basic information
- A willingness to learn
- An openness to hear what your patient is trying to tell you
Defining Our Terms

- Sex
- Gender
- Sexual Orientation
- Gender Identity
Sex vs. Gender

- **Sex** refers to hormones, chromosomes, genital and reproductive anatomy, a biological classification.

- **Gender** refers to concepts of femininity and masculinity, a socially constructed system of classification.

- These may not be the same for any particular individual, i.e., a person with male anatomy may dress, speak and behave in a feminine manner.

- (See handouts to learn more)
Sexual Orientation

- **Lesbian** - an *identity* label for women who have primary sexual, romantic and relational ties to other women.

- **Gay** - an *identity* label for men who have primary sexual, romantic and relational ties to other men.

- **Bisexual** - an *identity* label for people who partner with either men or women.
9.4% of men who identified as “straight” had sex with another man in the prior year. (Pathela, NYC, 2006)

They were more likely to...

- belong to minority racial/ethnic groups
- be of lower socio economic status
- be foreign born
- not use a condom.

77% - 91% of lesbians had at least 1 sexual experience with men.

8% in the prior year (O’ Hanlan, 1997)
Gender Identity

The persistent internal sense of being a man or a woman

- We all have a gender identity.

- For many of us, this matches the sex we were assigned at birth. For transgender people, it does not.

- Our gender identity may or may NOT match our appearance, our body, others’ perceptions of us.
Transgender

Transgender people...
- Can decide to transition at any age
- May or may not change their name/pronouns
- May or may not use hormones or surgery

What to do when you meet transgender customers...
- Ask what they prefer to be called & use that name
- Ask about their pronouns & names for body parts
- Avoid invasive unnecessary questions
According to the APA...

Sexual orientation is...

- **not** a choice
- **not** an illness or emotional problem
- **not** able to be changed by therapy
- **determined** by many factors, usually at a very early age
- **different** from sexual behavior
Remember:

It’s not always obvious who is LGBT!

- The form is not going to tell you what you need to know

- It is OK to ask questions about partners, gender, preferred pronouns, language used for body parts.

- It is OK to feel awkward as you learn how to ask
Can I Be Fired for Being LGBT in this State?

State Nondiscrimination Laws in the U.S.
This map was last updated on May 3, 2011

- States banning discrimination based on sexual orientation and gender identity/expression (13 states and the District of Columbia):
- Laws banning discrimination based on sexual orientation (8 states):
  - Wisconsin (1982); Massachusetts (1989); Connecticut (1991); New Hampshire (1997); Nevada (1999); Maryland (2001); New York (2002); Delaware (2009)

1 California, DC, New Jersey, Rhode Island and Vermont first passed sexual orientation nondiscrimination laws, then later passed gender identity/expression laws.
Discrimination is Real and Legally Sanctioned

• In 29 states it legal to fire a worker for being lesbian, gay or bisexual.

• In 38 states a person can be fired for being transgender.

Every LGBT person in this country knows this

ENDA (the Employment Non-Discrimination Act), a proposed bill in the US Congress, would prohibit discrimination against employees on the basis of sexual orientation or gender identity. It has not passed since 1994
• LGB respondents in states **without protective policies were 5X more likely** than those in other states to have 2 or more mental disorders.

• A new study found that LGB people who had experienced, what they called “**prejudice-related major life events**” were 3x more likely to have suffered a **serious physical health problem over the next year** than people who had not experienced such events. This held true regardless of other factors, like age, gender, employment and even health history.
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.

- 41% can’t change their gender on their IDs
- 57% were rejected by families
- 19% have experienced homelessness
- 19% were refused medical care
- 47% have attempted suicide
Barriers to Care 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, ability, citizenship, etc.
LGBT Specific Risks & Concerns

- Alcohol abuse is estimated to occur in up to 45% of those in the LGBT community. (Pride Inst.)

- LGBT people are 50-200% more likely to be addicted to tobacco than the general public. (Fenway Inst.)

- LGBT people are at elevated risk for depression, anxiety, and suicidality (Fergusson, Horwood & Beautrais, 1999; Cochran, Sullivan & Mays, 2001)

- LGBT people have increased cancer risks, coupled with decreased screenings (National LGBT Cancer Network)
Transgender HIV Rates

HIV Prevalence Estimates among Trans People

- The average prevalence for transwomen is **28%**
  - (lab-confirmed)
- 12% (self report)

- African American transwomen have the highest prevalence (56%), compared to other racial/ethnic groups.

(Herbst, et.al, 2008; Nemoto, Operario, Keatley, et.al, 2004)
LGBT Youth and Health

- Highly rejected young LGBT were
  - 8x more likely to have attempted suicide
  - 6x more likely to have serious depression
  - 3x greater risk for HIV and STD’s

Than LGBT youth with accepting families

- Bullying
  - 80% of LGBT students hear homophobic remarks often in their schools.
  - 39% of LGBT students report being verbally or physically assaulted, often with a weapon
  - transgender students reported physical harassment 30% more than students that identified as lesbian, gay, or bisexual.
  - Nearly 1 out of 3 LGBT students skipped school in the past month because they were simply too afraid to go.

- HOMELESSNESS
  - 20-40% of all homeless youth are LGBT
  - High rates of abuse and victimization
  - 14- average age NYC LGB become homeless
  - 13- average age NYC T become homeless
  - 70% cite family rejection as cause
## Concerns of LGBT Youth

<table>
<thead>
<tr>
<th>LGBT youth identified</th>
<th>Non-LGBT youth identified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Non-accepting families (26%)</td>
<td><strong>1</strong> Classes/exams/grades (25%)</td>
</tr>
<tr>
<td><strong>2</strong> School/bullying problems (21%)</td>
<td><strong>2</strong> College/career (14%)</td>
</tr>
<tr>
<td><strong>3</strong> Fear of being out or open (18%)</td>
<td><strong>3</strong> Financial pressures related to college or job (11%)</td>
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LGBT Elders

- Came out in a different era
  - Stonewall Cohort
- Mostly single (vs. 1/3 of heterosexuals)
- 75% live alone
- Rely less on children, family
- Depend mostly on family of choice
- MANY GO BACK IN THE CLOSET WHEN THEY GO INTO LONG TERM CARE
Creating a Welcoming Environment and Overcoming Barriers
YOU Make a Difference

IRRESPONSIBILITY

No Single Raindrop Believes it is to Blame for the Flood.

www.despair.com
Golden Rule vs. Platinum Rule

the Golden Rule
Well meaning people often think that the most respectful and welcoming treatment is what they would like to receive themselves.

the Platinum Rule
Treat other people they way THEY want to be treated.
Individual/Practioner Level Interventions

1. Change your LANGUAGE
   - say, “... your partner, he or she...”
   - mirror the language people use for themselves, their partners and their body parts

2. SHOW your openness
   - wear a rainbow pin or an LGBT sticker
   - assure confidentiality to make coming out safe
   - have LGBT publications in your waiting room

3. LEARN more
   - read more about the LGBT community
   - learn about LGBT families and health risks
   - Form an LGBT study group in your department
Examples of How to Identify your LGBT Patients

Instead of “Are you married?”
- “Are you in a relationship?”
- “Are you seeing anyone right now?”
- “Do you have a significant other?”
- “Your partner, he or she...”

Instead of “Who is his mother and father?”
- “Who are his parents?”

Instead of using the name/gender found on the forms
- “What name would you prefer I call you?”
- “What pronouns do you prefer, if any?”

Mirror the language people use for themselves, their partners and their bodies
Ideas for High-Level Changes

- Provide visible LGBT symbols and literature in waiting rooms and offices
- Incorporate all LGBT-defined “family” members into the treatment and recovery process
- Have a current list of LGBT referrals available
- Implement an LGBT task force or committee
Other Suggested Changes

- Post and enforce LGBT-inclusive non-discrimination policies. It is the law.
- Offer continuing education on LGBT health
- Hire LGBT staff
- Collect data on LGBT patients and conduct research on LGBT health
New Legislation and Policies

- **Non-discrimination policy**
  - All hospitals in America need to have an LGBT non-discrimination policy
    --- *(The Joint Commission, the largest organization that accredits hospitals nationwide)*

- **Visitation**
  - New regulations require all hospitals participating in Medicaid and Medicare programs to permit patients to designate visitors of their choosing and prohibit discrimination in visitation based on a number of factors, including sexual orientation and gender identity.
    --- *(went into effect 1/19/2011)*

- **Medical Leave & Worker’s Rights**
  - Employees in a same-sex relationship may take family and medical leave to care for sick or newborn children, even if the worker has not legally adopted the child.
    --- *(President Obama ruling, 6/25/10)*
Case Example

1. A 21 year old male is recovering from appendicitis. A staff person walks by the room and, after seeing him and his boyfriend exchange a kiss, walks into the room and says, “You can’t do that here. A hospital is not the place for making out!

What would you do?
What would you say to the staff person?
What would you say to the patient?
2. Ellen was assigned male at birth, but transitioned to female many years ago. She is now 58 yrs old. Ellen hadn’t kept up with all the appropriate (male) screenings and was just diagnosed with prostate cancer. She is told that, being female, her insurance is refusing to pay for surgery to treat her cancer.

What would you do?
What would you say to Ellen?
In Summary

- There are LGBT patients in nearly every facility.

- It is important to know who your LGBT patients are:
  - To understand their health risks
  - To incorporate family members into treatment & planning

- It is not always obvious who is LGBT.

- It is OK to ask and it is OK to be awkward at first.
Questions and Discussion
Thank You

Donna Red Wing
Executive Director
One Iowa

Daniel Hoffman-Zinnel
Director of Education and Outreach
Planned Parenthood of the Heartland

CURRICULUM DEVELOPED BY

WWW.CANCER-NETWORK.ORG
136 WEST 16 ST. #1ENew York, NY
10011
INFO@CANCER-NETWORK
212-675-2633