OBJECTIVES

- Describe health disparities that LGBTQ+ patients face and the NPs role in helping to reduce them.
- Understand basic principles of cultural humility.
- Explain the importance of language in creating safe spaces for all patients.
- Identify areas to improve your ability to meet the needs of LGBTQ+ patients in clinical practice.

TERMS USED IN THIS PRESENTATION

LGBTQ2: This is an acronym that encompasses multiple identities and unique communities. Language is constantly evolving and can have different meaning for different people. It is important to respect how patients’ self-identify and use their preferred terminology.

[Lesbian, gay, bisexual, transgender, questioning or queer, intersex, and 2-spirited]

For the rest of the presentation for sake of simplicity the acronym LGBTQ+ will be used.

A NOTE ON LANGUAGE AND TERMINOLOGY

A STARTING POINT

| Gender Identity | A person’s self-identified sense of being male or female (or neither or both). This term refers to how people think about and express their gender. |
| Biological Sex | The sum of the biological (chromosomal, hormonal, and anatomical) factors that make one male, female, or intersex. |
| Cisgender | This term refers to someone whose gender identity is the same as the biological sex they were assigned at birth. |
| Transgender | This term refers to someone whose gender identity is different from the biological sex they were assigned at birth. |
| Transsexual | The term refers to a gender diverse person undergoing sex reassignment or who experienced some sort of gender dysphoria before starting hormone therapy. |
| Intersex | A person born with sex chromosomes, external genitalia, or an internal reproductive system that is not considered “standard” for either male or female. |
| Gender Expansive, Diverse, or Variant | A person who views their gender identity as one of many possible genders beyond strictly man or woman. |
OBJECTIVE 1:
DESCRIBE HEALTH DISPARITIES THAT LGBT+ PATIENTS FACE AND THE NPS ROLE IN HELPING TO REDUCE THEM.

WHY IS CARING FOR LGBT+ PATIENTS IMPORTANT FOR YOUR PRACTICE?

• Unfortunately, many LGBTQ+ patients are at higher risk for poor health outcomes.
• Health risks are not due to an individual’s sexual orientation or gender identity, but rather result from the stigma and isolation they face in light of who they are.
• As a provider, you can play a major role in changing this experience.
• Since about 3% of individuals identify as LGBTQ, you certainly care for these patients in your practice.

HEALTH DISPARITIES: THE HEALTH CARE SYSTEM

• Many of us are vulnerable when we are ill or seeking health care services.
• For LGBTQ+ people, that vulnerability is often exacerbated by disrespectful attitudes, discriminatory treatment, inflexible or prejudicial policies and even refusals of essential care.
• These barriers, in turn, can result in poorer health outcomes and often have serious and even catastrophic consequences.

HEALTH DISPARITIES: THE HEALTH CARE SYSTEM

• LGBTQ+ individuals face challenges when interacting with the health care system.
• The challenges faced may lead to disparities in the quality of care received and subsequently in health disparities.
• In the past, disparities arose from outright discrimination and the pathologization of homosexual behaviors.
• Stigma concerning homosexuality and so-called “reparative therapies” – now commonly recognized as harmful to patients
• Reinforced cultural stigmas around sex and gender resulted in children being subjected to highly invasive and damaging medical and surgical interventions in attempt to ensure sex and gender normalization.

HEALTH DISPARITIES: THE HEALTH CARE SYSTEM

• LGBTQ+ patients may be invisible in health care – fear of discrimination if disclose
• 1 in 2 LGBTQ+ youth withheld their sexual identity from health care provider – (5x more than heterosexual peers)
• Have been turned away from care
  • Many providers not comfortable treating LGBTQ youth and adults
  • Almost 8% of LGB and 27% of transgender and gender nonconforming individuals reported being denied care because of their identity/orientation

HEALTH DISPARITIES: ROLE OF STIGMA AND DISCRIMINATION

• LGBTQ+ individuals experience discrimination, victimization, violence, and trauma at higher rates than their heterosexual peers throughout their lives.
• These experiences can also impact the patient-provider relationship.
• The health care providers’ ability to care for an LGBTQ+ individual can lead to positive or negative health outcomes.
• LGBTQ+ patients with a history of discrimination, victimization, violence, and trauma may fear discrimination within the health care system so they avoid care or appear disengaged.
• They lead to the development of additional risk behaviors and poor health outcomes.
• If a provider, such as an NP, is well prepared to care for their LGBTQ+ patients and create safe spaces for their LGBTQ+ patients, they can help to foster resilience and reduce health disparities.
HEALTH DISPARITIES: VIDEO

ESTIMATED LGBT+ POPULATION

- An estimated 3.5% (1,354,700) of adults in the United States identify as lesbian, gay, or bisexual.
- An estimated 0.58% of adults are transgender (1,397,150).
- Estimates of those who report any lifetime same-sex sexual behavior and any same-sex sexual attraction are substantially higher than estimates of those who identify as LGB.
- An estimated 8.2% of Americans report that they have engaged in same-sex sexual behavior.
- Nearly 11% acknowledge at least some same-sex sexual attraction.
- Estimates of the size of the LGBT community vary for a variety of reasons. These include differences in the definitions of who is included in the LGBT population, differences in survey methods, and a lack of consistent questions asked in a particular survey over time.

Williams Institute, 2016, U.S. Census 2017, CDC, 2016

HEALTH CARE PROVIDER PREPARATION

- Number of hours medical and nursing students receive on LGBT health: <5

HEALTH CARE PROVIDER PREPARATION

- A recent article published interviewed 268 practicing nurses in the San Francisco area to assess the current state of the art of LGBT-sensitive nursing practice.
- Most of the nurses revealed that they had no education or training on LGBT health issues.
- Nurses’ gaps in knowledge and discomfort for practicing that may adversely affect patient care.

WHY IS THIS IMPORTANT?

- Prevalence of Type 1 DM – 1,300,000 (less than estimated size of the transgender population)
- How much time do you think you spent learning about Type 1 DM in school (combined across all levels of education)?
- Think about Pathophysiology, pharmacology, pediatrics, management courses...
- How does that compare to the amount of time you spent learning about LGBT+ populations in school?
- Think about that, we have learned about a rare disease but not about how to care for entire populations of people.

DISCRIMINATION FROM PROVIDERS

- Almost 56 percent of lesbian, gay or bisexual (LGB) respondents had at least one of these experiences.
- 70 percent of transgender and gender-nonconforming respondents had one or more of these experiences.
- Nearly 63 percent of respondents living with HIV experienced one or more of these types of discrimination in health care.
DISCRIMINATION FROM PROVIDERS

Lambda Legal 2011

- I was refused needed health care
- Health care professionals were physically rough or abusive
- Health care professionals used harsh or abusive language
- Health care professionals blamed me for my health status

**In almost every category measured in this survey, transgender and gender-nonconforming respondents reported experiencing the highest rates of discrimination and barriers to care.**

**In nearly every category, a higher proportion of respondents who are people of color and/or low-income reported experiencing discriminatory and substandard care.**

**Respondents reported a high degree of anticipation and belief that they would face discriminatory care and such concerns were a barrier to seeking care.**

**VIDEO CLIP, “TO TREAT ME YOU HAVE TO KNOW WHO I AM”**
ANA CODE OF ETHICS

“The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.”

“The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.”

“The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.”

“The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.”

OBJECTIVE 2.

UNDERSTAND BASIC PRINCIPLES OF CULTURAL HUMILITY.

LET’S BEGIN WITH THE USUAL WAY WE LEARN ABOUT CULTURE:

CULTURAL COMPETENCE

WHAT IS CULTURAL COMPETENCE

• Knowing specific facts about communities or identities
• Understanding culturally-specific perceptions of prevention, causes of disease, models of health care practice, and other dimensions
• “Official language”, specific, and potentially limiting or harmful terminology: MSM, Hispanic, illegal
• One-time trainings: We’ve been trained on that!
• Non-mandatory educational opportunities

WHAT IS CULTURAL HUMILITY?

CULTURAL HUMILITY

• Continued critical self-reflection
• Examining internal biases
• Addressing hegemonic assumptions
• Unlearning stereotypes
• Commitment to lifelong learning
• Addressing power dynamics
TYPES OF CULTURAL IDENTITIES

- Gender
- Race and ethnicity
- SES
- Religion
- Sexual Orientation
- Weight/size/body type
- Citizenship
- Health issues: chronically ill, HIV status
- Age
- Ability
- Veteran status
- Geographic location
- Country of origin
- Parental status
- First language
- Marital status
- What else?

CULTURAL COMPETENCY VS. CULTURAL HUMILITY

- Being competent → Being humble
- Knowledge about patient → Approach to interactions
- Check list of understanding → Commitment to lifelong learning process
- Based on assumptions → Ask patient/client for information to avoid assumptions

DIFFERENCES BETWEEN CULTURAL COMPETENCE AND CULTURAL HUMILITY

Cultural Competence:
- Provider calling the client by the wrong name. Apologizes and says they will make a note of it on the file. The provider never follows up to make sure the change was made.
- Clinic has an onboarding process that includes an in-depth orientation to LGBTQ+ populations but no new trainings occur for three years and staff who were there before the new process was enacted, are not required to go through the training.
- Clinic offers once a year one hour training on LGBT individuals but the last ten minutes are trans-specific.

Cultural Humility:
- Health center has mandatory trainings or lunch and learns on emerging topics in LGBT+ health.
- School-based clinic has STI educational materials for trans women that feature trans women.

GATEKEEPING AND INFORMED CONSENT

Gatekeeping
- Written statement from mental health care professional is needed for trans or gender nonconforming person to receive gender affirming care, like hormone treatment
- Permission based
- Lengthy and time consuming process
- Undermine trust between provider and client
- Discourages health care seeking behavior

Informed Consent
- Education and advisement is given about the treatment in question but ultimate decision to move forward with a treatment choice is with the client
- Supports self-determination in care

OBJECTIVE 3.

EXPLAIN THE IMPORTANCE OF LANGUAGE IN CREATING SAFE SPACES FOR ALL PATIENTS.
LETTING YOUR PATIENTS KNOW YOU ARE SAFE OR YOUR CLINICAL SETTING IS SAFE

INCLUSIVE LANGUAGE

- Pronouns
- Preferred Name
- Forms
- Anatomical terms

PRONOUNS: A How To Guide

Pronouns—A How To Guide

Subject: She
Object: Her
Possessive: Her
Possessive Pronoun: Her

https://uwm.edu/lgbtrc/support/gender-pronouns/
**PRONOUNS**

Try asking: “What pronouns do you use?” or “Can you remind me what pronouns you use?” It can feel awkward at first, but it is not half as awkward as getting it wrong or making a hurtful assumption.

If you are asking as part of an introduction exercise and you want to quickly explain what a PGP is, you can try something like this: “Tell us your name, where you come from, and your personal pronoun. That means the pronoun that you use in reference to yourself. For example, I’m Xena, I’m from Amazon Island, and I like to be referred to with she, her, and hers pronouns. So you could say, ‘she went to her car’ if you were talking about me.”

[https://uwm.edu/lgbtrc/support/gender-pronouns/](https://uwm.edu/lgbtrc/support/gender-pronouns/)

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**PRONOUNS: WHAT IF I MAKE A MISTAKE**

It’s okay! Everyone slips up from time to time. The best thing to do if you use the wrong pronoun for someone is to say something right away, like “Sorry, I meant she.” If you realize your mistake after the fact, apologize in private and move on.

A lot of the time it can be tempting to go on and on about how bad you feel that you messed up or how hard it is for you to get it right. But please, don’t! It is inappropriate and makes the person who was misgendered feel awkward and responsible for comforting you, which is absolutely not their job. It is your job to remember to use and respect people pronouns.

[https://uwm.edu/lgbtrc/support/gender-pronouns/](https://uwm.edu/lgbtrc/support/gender-pronouns/)

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**PREFERRED NAME**

- Ask
- Document
- Respect
- Use

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**FORMS**

- Assess the language used on legal forms:
  - Can they be changed?
  - Are they inclusive?
  - What impression do you think they make on patients if they don’t feel represented in the language used or options available?
  - Is there an option for pronoun and preferred name?
  - Is there an option for biological sex and gender identity (with an open line to fill in)?

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**ANATOMICAL TERMS**

- When referring to body parts for all patients it is best to use anatomical terms and “biologic sex”, rather than “female” or “male” or parts or “women” or “men” usually experience….
  - This is particularly important when working with transgender patients whose biologic sex, anatomy, organs, and/or external genitalia may not match their gender identity.
  - For example, if you have a patient that is a trans-guy, it would be important to assess if he has a cervix. If so, then would warrant a discussion about the importance of cervical cancer screening since he/she has a cervix and can still be at risk.
  - Another example, a trans-woman should be assessed if she has a prostate to discuss if offering screening for prostate cancer would be warranted.

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**OBJECTIVE 4.**

IDENTIFY AREAS TO IMPROVE YOUR ABILITY TO MEET THE NEEDS OF LGBTQ+ PATIENTS IN CLINICAL PRACTICE.
CRITICAL SELF-REFLECTION

- Becoming aware of our presuppositions and challenging our established patterns of thinking.
- Reflect on your thoughts on gender — what is means to be masculine? What it means to be feminine? Thoughts about gender binary vs. gender fluidity?
- Reflect on societal norms and how you were socialized – heterosexual assumptions?
- Assumptions about LGBT+ individuals?

Examples:
- While doing an STI test with a bisexual patient, you become aware of your assumptions about bisexual individuals and proceed to ask questions such as, “Who are you having sex with?” instead of “What kind of sex do you and your girlfriend have?”
- When interacting with a trans patient, you remember that they use ‘they’ pronouns instead of the pronouns you assume fit their outer appearance.

Fenway, 2016

ASSUMPTIONS ABOUT LGBT+

- Gay men are all sexually active and promiscuous.
- Transgender individuals need mental health care.
- Lesbians are not at risk for STIs.
- Bisexuality does not exist.
- If it is better for LGBTQ+ youth to be out.
- Gender nonconforming individuals are confused.
- LGBTQ+ youth are white.
- Kids do not really know they are trans.
- ‘It’s just a phase.
- Coming out is a one-time process.
- Bisexuality is a stepping stone for being gay.
- They don’t want to have children; they don’t have children.
- Asexual individuals are broken and need to be fixed.
- LGBTQ+ youth are not religious.

REFERENCES

- Fenway, 2016.

CREATING SAFE SPACES

- Assess the forms used in your practice
- Assess the brochures available
- Assess the physical space
- Reflect on language you use and practice using more inclusive language
- Seek out additional training on LGBT+ health care
- Assess your referral sources and patient resources

RESOURCES