Quality Healthcare for Lesbian, Gay, Bisexual & Transgender People
A Four-Part Webinar Series

Part II:
Creating a Welcoming and Safe Environment for LGBT People and Families
General Housekeeping

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About Us

“Exploration and Intervention for Health Equality…”

Designated a “National Center of Excellence” by the National Institutes of Health, National Institute on Minority Health and Health Disparities
Cultural Competency Organizational Assessment-360 (COA360)

http://www.coa360.org
Culture Quality Collaborative (CQC)

http://www.thecqc.org
GLMA works to ensure equality in healthcare for lesbian, gay, bisexual and transgender individuals and healthcare professionals.

- Multidisciplinary membership
- Patient Resources:
  - Provider Directory
  - “Top Ten Things to Discuss with your Provider”
- GLMA holds a national, scientific health conference each year (Save-the-Date: Sept. 18-21, 2013 in Denver, CO)
- Soon-to-be-Released: GLMA’s Recommendations for LGBT Equity & Inclusion in Health Professions Education

www.glma.org
Today’s presenter: 
Nathan Levitt, RN 
Community Outreach and 
Education Nurse 

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Learning Objectives

By the end of this webinar, participants will be able to:

• Describe barriers faced by LGBT people in accessing healthcare and why these barriers exist.

• Identify concrete tools to incorporate into your school, organization, hospital, or healthcare center to provide sensitive, affirming, informed and empowering healthcare for the LGBT community.
AGENDA
Creating a Welcoming Environment

* Understanding Barriers and Health Risks
  * Definitions
  * Barriers & Health Risks
    * Transgender
    * Youth
    * Older Adults

* Integrating Strategies
  * Environment
  * Policies
  * Trainings
  * Evaluation
Checking In

* How many of you have had any training/experience with LGBT health?

* Is LGBT health included in your curriculum/practice?

* How equipped do you feel right now to address LGBT health concerns?
Creating a Welcoming Environment

Understanding Barriers & Health Risks

Evaluation

Community Connection

Integrating Strategies

Education & Training
Why is this important?

* Many LGBT people are in need of social services, medical care and basic access to employment and housing. LGBT people face many barriers to adequate service and health care, including discrimination, ignorance, poverty, prejudice, and fear.

* Many LGBT, especially transgender, people avoid care for preventive and urgent/life-threatening conditions.

* There are very few health providers and hospitals in the country that have supportive and sensitive health services for LGBT people.
Breaking Down the Terms
Gender building blocks

- Gender is typically evaluated on three axis’s
  - Sex
  - Gender Expression
  - Gender Identity
* Internal, Self conception of one’s gender

* It is impossible to predict with complete confidence what gender any child will eventually come to identify with (www.isna.org)

* We all have a gender identity- for some of us this matches our assigned gender, our bodies, and social perceptions and for others it does not
Gender Identity vs. Sexual Orientation

* **Sexual Orientation/Identity/Behavior**
  * Direction of one’s sexual attractions
  * Identity vs. Behavior
  * Sexuality can change over time and is usually labeled as lesbian, gay, bisexual, queer, heterosexual

* Being transgender does not mean you’re gay and being gay does not mean you’re transgender.
  * Similarities of discrimination on the basis of gender expression
* Common definition
  * People who feel the binary gender (M or F) they were assigned at birth is a *misleading or incomplete* description of themselves

* Trans-woman or trans-man?
  * Say *trans-woman*
    * To refer to a person who was *assigned* male at birth and lives and/or identifies as a *woman*
  * Say *trans-man*
    * To refer to a person who was *assigned* female at birth and lives and/or identifies as a *man*
Additional terms

* **Cisgender:** People whose gender identity and gender expression align with the sex they were assigned at birth

* **Gender Non-Conforming:** refers to people who do not follow other people’s ideas or stereotypes about how they should look or act based on the female or male sex they were assigned at birth

* **Pronouns:** “she”, “he”, “her”, “him”, “zie”, “hir”
Gender Transition

The process of changing gender expression and/or physical appearance to align with gender identity. This can involve changing one’s name and/or gender designation on legal documents and/or medical intervention, etc. Transition happens on many levels.
Understanding the Barriers

HOMOPHOBIA in HEALTHCARE is UNHEALTHY
Where are LGBT people accessing healthcare?

Usual Source of Care

- **Private Doctor**: 76.2%
- **Public Clinic**: 10.9%
- **LGBT Clinic**: 8.8%
- **Student Health**: 8.2%
- **Emergency Room**: 4.1%
- **Alternative Medicine**: 3.6%
- **Workplace**: 0.3%
- **Nowhere**: 5.1%

Lambda Legal: When Health Care Isn’t Caring (2010)
LGBT Health Disparities
## Experiences in Healthcare

### Table 6: Fears and concerns about accessing health care

<table>
<thead>
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<th>Concern</th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
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<td>I will be refused medical service because I am...</td>
<td>9.1</td>
<td>51.9</td>
<td>20.0</td>
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<td>Medical personnel will treat me differently because I am...</td>
<td>28.5</td>
<td>73.0</td>
<td>35.5</td>
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<td>Not enough health professionals adequately trained to care for people who are...</td>
<td>49.0</td>
<td>89.4</td>
<td>48.0</td>
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<td>Not enough support groups for people who are...</td>
<td>24.3</td>
<td>50.5</td>
<td>31.0</td>
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<td>Not enough substance abuse treatment for people who are...</td>
<td>28.8</td>
<td>58.8</td>
<td>31.1</td>
</tr>
<tr>
<td>Community fear/dislike of people who are...</td>
<td>52.4</td>
<td>85.7</td>
<td>66.1</td>
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</table>

*WHEN HEALTH CARE ISN’T CARING*
Barriers to Healthcare 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, class, ability, geographic location, immigrant status, etc.
LGBT adults are less likely to have health insurance than their heterosexual counterparts.

For transgender people, plan language may exclude coverage for both routine care and transition-related care.

Reduced access is especially pronounced among LGBT people of color.

Narrow definition of families.

Health insurance, child care assistance, ability to make medical decisions, educational loans, etc may not be available to LGBT families.
LGBT Health Issues

* Smoking, alcohol, and substance abuse
* Mental health illnesses, such as anxiety and depression
* Sexual and Reproductive Health
* Eating Disorders, Obesity
* Cardiovascular Health
* Higher rates of sexually transmitted diseases
* Increased cancer risks, decreased screenings
* Limited evidence based research on hormones
Across the Life Span: Youth
* LGBT youth are at increased risk for suicide and depression
* Smoking, alcohol and substance use
* The homeless youth population comprises a disproportionate number of LGBT youth.
* LGBT youth report experiencing elevated levels of violence, victimization, and harassment
* National survey of LGBTQ students in 2003 (GLSEN) found that:
  * 64.3% felt unsafe in their school because of their sexual orientation;
  * 84% had been verbally harassed at school because of their gender identity or expression
Across the Life Span: Older Adults

Deserves the same care, no matter who these hands embrace.

Lesbian, gay, bisexual, and transgender people deserve the same care as everyone else. Thousands of healthcare providers in Massachusetts agree. They’re working to eliminate barriers to healthcare access, so everyone can be treated well. And stay well.
Across the Life Span: Older Adults

- Stigma, discrimination, and violence
- Isolation
- Lack of family support
- Social Security and pension plans exclusions
- Long term facilities
- Visitation
- Hospice
- Community
- Programs and Resources
Transgender Health

Deserves the same care, no matter which pronoun is used.

Transgender, gay, lesbian, and bisexual people deserve the same care as everyone else. Thousands of healthcare providers in Massachusetts agree. They’re working to eliminate barriers to healthcare access, so everyone can be treated well. And stay well.

The Gay, Lesbian, Bisexual and Transgender Health Access Project
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
www.glbthealth.org
Percent of Adults Delaying or Avoiding Medical Care

- Transgender Adults: 48%
- LGB Adults: 29%
- Heterosexual Adults: 17%

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
Transgender Health Disparities

The State of Transgender California: Transgender Health Care

42% delayed seeking health care because they could not afford it

26% reported health conditions worsened because they postponed care

together we can do better.

Transgender Law Center
Making Authentic Lives Possible
Experiences of Discrimination and Substandard Care: Transgender or Gender-nonconforming Compared to Lesbian, Gay and Bisexual

- Unaware of health needs: 65.2% (TGNC), 44.5% (LGB)
- Treated me differently: 50.6% (TGNC), 30.1% (LGB)
- Provided worse care: 32.1% (TGNC), 15.9% (LGB)
- Refused care: 26.7% (TGNC), 7.7% (LGB)
- Harsh language: 20.9% (TGNC), 10.7% (LGB)
- Blame: 20.3% (TGNC), 12.2% (LGB)
- Excessive precautions: 15.4% (TGNC), 10.6% (LGB)
- Physically Rough: 7.8% (TGNC), 4.1% (LGB)
What is Gender Identity Discrimination in Health Care?

* Denied equal access to health care and services and/or subjected to hostile or insensitive environments because one is, or perceived to be, transgender or gender non-conforming
Barriers to Health Care for Trans people

- Denied health care
- Lack of informed care, research, and data
- Health care coverage
- Sex segregated services
- Inappropriate name or pronoun use
- Invasive questions about genitalia or transgender status
- Access to hormones and surgery
- Patients' trans status often overshadows other significant medical needs (overstepping clinical boundaries)
- Intake/Registration forms
- Confidentiality & Privacy
Limited access to Medical Care for Transgender People

Lack of targeted prevention efforts

Lack of positive mental health resources

HIV Risk Behavior

Unprotected sex
Underground hormones
Silicone injections
Needle sharing

Limited clinical research

TRANSPHOBIA

Health Insurance Coverage

Legal Protection

Discrimination (employment, housing, healthcare, bathrooms)

Poverty

Lack of Education

SOCIAL MARGINALIZATION

Low Self Esteem

Lack of curriculum

Limited clinical research

Health Insurance Coverage

Legal Protection

Discrimination (employment, housing, healthcare, bathrooms)

Poverty

Lack of Education
Barriers: Curriculum in Schools
The purpose of this study was to selectively review the nursing literature for publications related to lesbian, gay, bisexual, and transgender health from the top-10 nursing journals by 5-year impact factor from 2005 to 2009.

Only 0.16% of articles focused on lesbian, gay, bisexual, and transgender health (8 of nearly 5000 articles).
LGBT Medical Education Research Group, Stanford University

- LGBT Content in Undergraduate Medical Education (JAMA)
  - Of 176 schools, 150 (85.2%) responded
  - The median reported time dedicated to teaching LGBT-related content in the entire curriculum was 5 hours. Of the respondents, 9 reported 0 hours taught during preclinical years and 44 reported 0 hours during clinical years.
The silence in the nursing and medical literature can render LGBT people, families, and communities invisible and perpetuate health disparities.
Integrating Strategies
Look Around...

* Scan the environment
* Know what it is like for your patient before they enter the door
* Relevant and appropriate health information and brochures
  * Cancer
  * Safe sex
  * HIV/AIDS
  * Screenings
* Signs and Posters
* Advertise your practice
Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community

A Field Guide
* Written and posted policies, including non-discrimination, diversity, and non-harassment policies that explicitly include gay, lesbian, bisexual and transgender
  * Sexual orientation AND gender identity
* All reception, intake and assessment staff are trained to use culturally appropriate language and assure appropriate referrals
* Development and implementation of appropriate intake and assessment forms that address gender identity, sexual orientation, partnership and family status, and provide clients with the option and opportunity for further written explanation
“We require the following information for the purposes of helping our staff use the most respectful language when addressing you, understanding our population better, and fulfilling our grant reporting requirements. The options for some of these questions were provided by our funders. Please help us serve you better by selecting the best answers to these questions. Thank You.”

Sex assigned at birth: [ ] Male [ ] Female

Sexual orientation: [ ] Lesbian [ ] Gay [ ] Bisexual [ ] Queer [ ] Something else

Gender identity: [ ] Male/Man [ ] Female/Woman [ ] Trans/Transgender [ ] Genderqueer/Gender nonconforming [ ] Something else

Anticipated annual household income for this year:
Development and implementation of training for all intake, assessment, supervisory, human resource, case management and direct care staff on gay, lesbian, bisexual and transgender issues
Direct Care Staff

- Comprehensive ongoing training provided for direct care staff to identify and address basic health issues that affect LGBT clients.
- Development of a comprehensive resource list for appropriate referrals for LGBT health concerns.
- Outreach to and development of relationships with other agencies and providers with expertise in LGBT health
Training

* Schools
  * Speakers
  * Sustainably curriculum change
  * Policies
* Hospitals & Health Centers
  * Departments needs assessment
    * Security, front desk, social workers, administrators, nurses, providers, etc.
    * Specific to each department, floor, unit, etc
* Going beyond 101
Collect feedback from LGBT patients, families, and community

Patient Satisfaction Surveys

Focus groups, community advisory boards

Establish a point of contact for community members for complaints, feedback, comments, resources, advocacy

Ensure that existing community outreach activities are LGBT inclusive

Establish partnerships with community health centers and other health care facilities
Asking Questions

* What are Offensive Questions
  * Appropriate vs. Curiosity
  * Respectful Questions

* Using Sensitive Language
  * Out of respect for my patients right to self identify, I ask all patients what gender pronoun they’d prefer I’d use for them. What pronoun would you like me to use for you?
    * Or use no pronoun
  * How do you identify your gender
  * Intake forms: Gender ____ or M, F, Transgender (choose as many as apply)

**Mirror the language people use for themselves, their partners and their bodies**
Health Assessment Questions

How & Why

“To help assess your health risks R/T ____, can you tell me about any history you have had with hormone use”

* Use patients language regarding body parts, sexual history, etc.

Developing trust
* Be sensitive with physical exams
* OB/GYN
* Surgery
* Know risk factors
* Routine screening on all organs as long as they are present (“if you have it, check it”):
  * Testicular and prostate exam
  * Pap smear and gonorrhea/chlamydia screen
  * Breast exams and mammograms
  * HIV, STI screenings
If trans people can safely change their bodies to become who they truly are, they will protect those bodies because people who are happier in their bodies tend to take better care of them.
Scan the Environment
Bathrooms
* Include LGBT information in brochures and educational materials
* Acknowledge days such as World AIDS Day, LGBT Pride Day, and National Transgender Day of Remembrance.
* Openly display signs of LGBT acceptance (images, rainbow flag)
8 Best Practices for HIV Prevention among Trans People

1. **Ground Your Work in the Community.** Develop partnerships with local groups and organizations to create and grow programs, services, and research with, by, and for trans people. Community involvement ensures accessibility, appropriateness, and relevance of your interventions, programs, and services to the trans community.

2. **Race & Ethnicity: One Size Does Not Fit All.** Interventions and programs are most effective when they incorporate racial and ethnic issues that contribute to HIV risk and issues of stigma and discrimination that are specific to trans people.

3. **Utilize Multidisciplinary Approaches to HIV Prevention.** Educate and provide services and care through a broader context of health and wellness. Consider approaches that not only focus on the individual but also families, social networks, schools, communities, and organizations that trans people work, live, and play in.

4. **Get the Facts! Assess, Evaluate & Enhance.** Conduct thorough needs assessments and evaluations, use the data to improve programs, and disseminate what you learned.

5. **Looking in All the Right Places.** Recruitment and retention strategies should consider the unique needs and circumstances of patient populations. Make an effort to go beyond what was convenient, and bring education and services to trans people in their neighborhoods and communities.

6. **Increase Access to Health Care for Trans People.** Have a central or multiple locations with easy access to public transportation, provide services in multiple languages, and have trained providers who understand current HIV and health care issues of trans people. Provide hormone therapy as part of primary care.

7. **Invest In Developing and Supporting Your Staff.** Prioritizing staff development, ongoing training, and education, and creating opportunities for advancement are key to building capacity and healthy work environments for staff and their clients and patients.

8. **Advocate for Structural and Systemic Change on Behalf of Trans People.** Collaborate with community partners to advocate for policy development and social change to address and address bias and violence against trans people who is impacted by housing, employment, discrimination, racism, violence, lack of health insurance, provider education, and legalized discrimination.

Please visit our website for the complete report:

"Increasing access to comprehensive, effective, and affirming health care services for trans and gender variant communities."

For more information, contact:

Audrey Keirthy, MSHS, Director
UCSF Center of Excellence for Transgender Health
600 Parnassus Avenue, Suite 3400, San Francisco, CA 94143

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**Vancouver Coastal Health Transgender Program**

http://transhealth.vch.ca/

**UCSF Center of Excellence for Transgender Health**

http://transhealth.ucsf.edu/

**GLMA**

www.glma.org

**Cancer Facts for Lesbians and Bisexual Women**

http://www.cancer.org
Evaluation

Program Planning & Evaluation

- Needs Assessment or Problem Definition
- Goals and Objectives
- Program Revision
- Program Evaluation
- Instructional Strategies
- Learner Assessment
- Learner Activities

Rating:
- Excellent
- Very good
- Good
- Average
- Poor
* Needs Assessments
* Patient Satisfaction Surveys
* Community Focus Groups
* Community Advisory Boards
* Suggestions and Feedback
* Continual Evaluation
Moving forward

* Strategies
* Challenges
* Resources/needs/questions

* What can you do to advocate and raise awareness for LGBT care in your work?

* Where and how can it be integrated into your curriculum, hospital, health center, organizational programs? How can it be sustainable?
Questions?
Contact Information

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