The LGBTQ+ Community and Healthcare Provider Considerations

2024 IHCP Annual Seminar

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IYG

Indiana University Bloomington

- -BS Secondary Education
- -BS English Literature
- -Minor in African American Studies
- -BSN-RN

-Registered Nurse 20+ Years

-Clinical Nurse Educator

-Education and Training Supervisor

-LGBTQ+ Community Member and Activist

Please take a minute and scan the QR code on this page.

This is a chance for you to test your knowledge on best practices when providing care to the LGBTQ+ community.

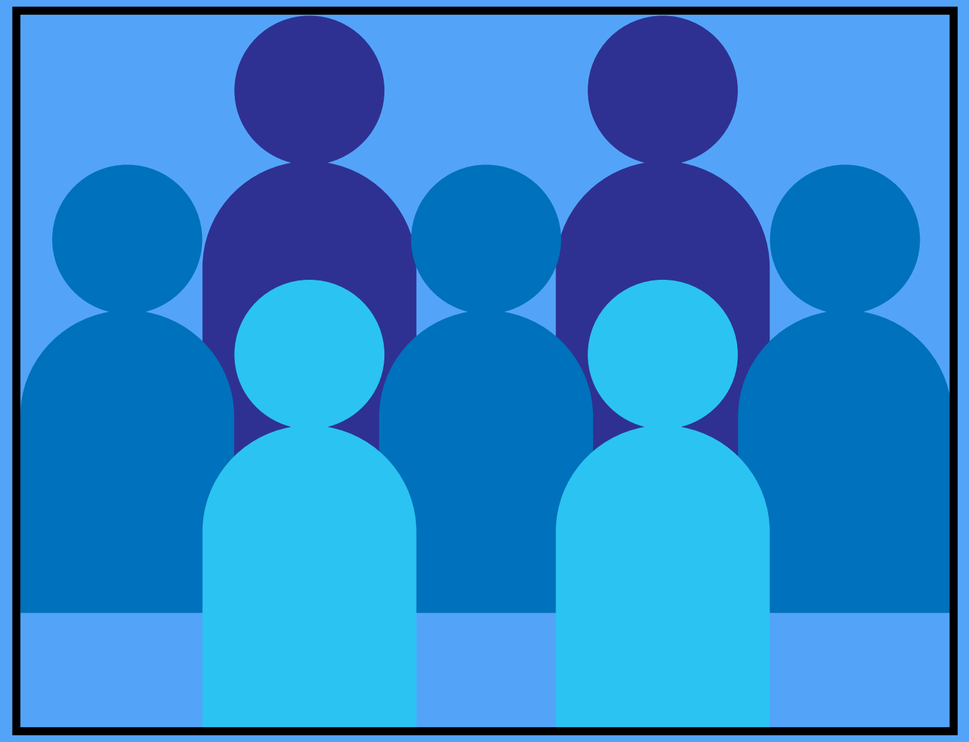
This assessment is anonymous. Answer the questions to the best of your ability.
We will go over the answers together.

Welcome! We are glad you are here.

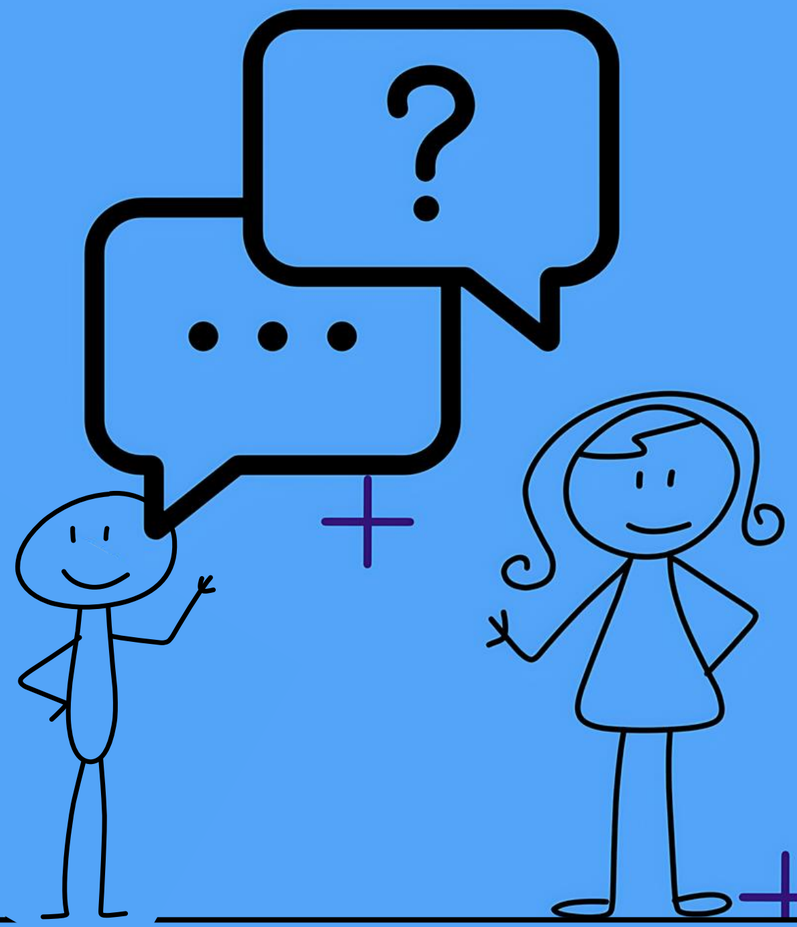
Learning Objectives

- Learners will be able to identify and define LGBTQ+ associated terminology.
- Learners will be able to explain the difference between gender and sex.
- Learners will demonstrate understanding of the intersectionality that is experienced in the LGBTQ+ community.
- Learners will be able to identify barriers to seeking medical care for LGBTQ+ people.

Who is part of the LGBTQ+ Community?



Want the simple answer?




Whomever says that they are!

In the United States

- 7.1% of people aged 17+ identify as being part of the LGBTQ+ community.
- 9.2% of people aged 13-17 years old identified as being part of the LGBTQ+ community.
- This adds up to 16.3% of Americans, aged 13+ identify as being part of the LGBTQ+ community.

LGBT Identification in U.S. Ticks up to 7.1%

- **When broken down, there are 20,712,900 people Identify as LGBTQ+ in the US.**
- **That is more than the population of Indiana and Michigan combined.**

Population Clock

Where there is marginalization there will also be disparities, which then lead to inequities. These inequities finally lead to the culturally accepted adoption of biases, and these are all consequences that will increase morbidity and mortality rates among your patients.

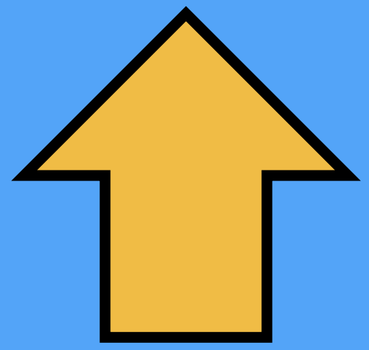
What is Virginia Brooks' Minority Stress Theory?

- Additional stress experienced by members of marginalized groups secondary **prejudice, discrimination, stigma, rejection, lack of family support, and internalized stigma.**

- Groups affected by this include members of marginalized race and ethnic groups, those with disabilities, **the LGBTQ+ community**, and all intersectionality in between.

- **LGBTQ+** people experience disparities across several risk factors compared with their cisgender, heterosexual peers.

- These disparities are directly caused by the **LGBTQ+ community's** exposure(s) to increased psychosocial stressors across their lifespans.



Increased cortisol levels can cause

- Decreased Metabolism
- Depression
- Hypertension
- Early Cognitive Decline
- Obesity
- Hyperlipidemia
- GERD
- Type 2 Diabetes
- MI
- CVA
- ESRD Secondary to HTN

The relationship between minority stress and biological outcomes: A systematic review - PMC (nih.gov)

- We must understand that members of the **LGBTQ+ community** are not at a higher risk level because they are queer, trans, gay, or non-binary.
- They are **PLACED** at a higher risk because of the sigma and biases that our society to assigns them.
- It is the treatment and othering of the **LGBTQ+ community** that causes an increased risk of health maladies and subsequent co-morbidities.
- **We cannot continue to victim blame.**

LGBTQ+ Terminology

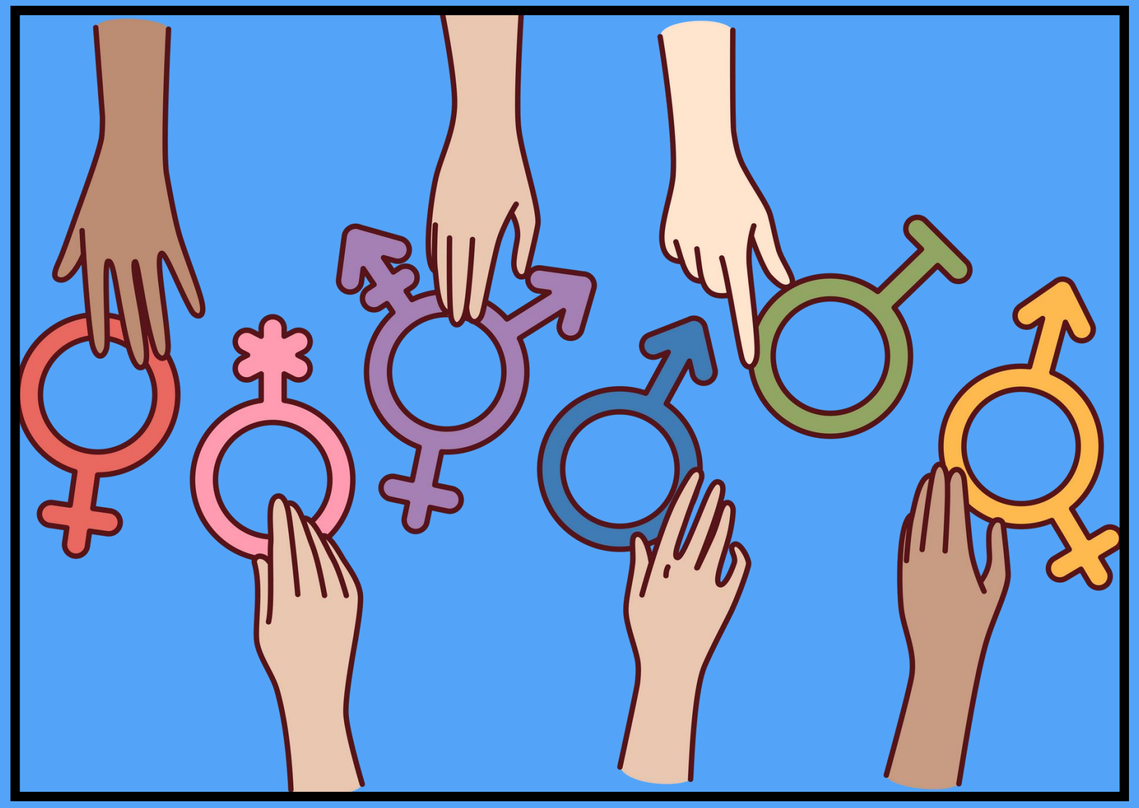
- The power of shared language and definition understanding is key to providing trauma informed, evidence based, best practices when providing medical services to members of the LGBTQ+community.
- Here are the terms we will discuss:

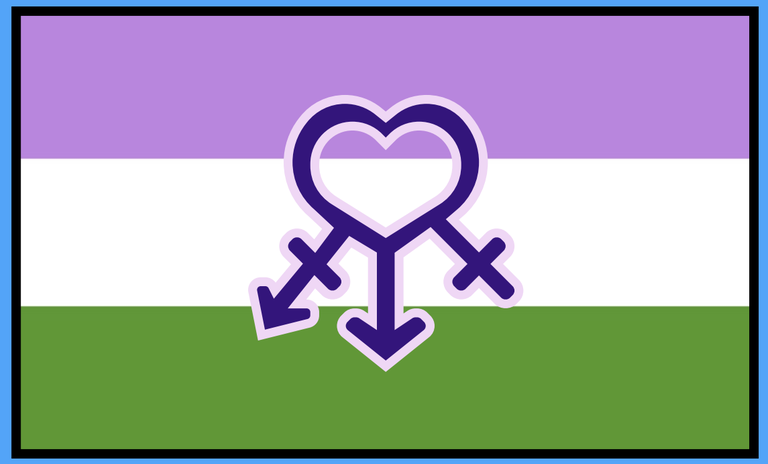
- Straight
- Gay
- Lesbian
- Bisexual
- Queer
- Pansexual
- Asexual
- Sex assigned at birth
- Gender identity
- Gender expression
- Cisgender
- Transgender
- Gender queer

Sex Assigned at Birth (SAB)-

"...the sex a person is assigned at birth and is based upon the appearance of genitals, gonads, hormones, and/or chromosomes."

Assigned Sex at Birth



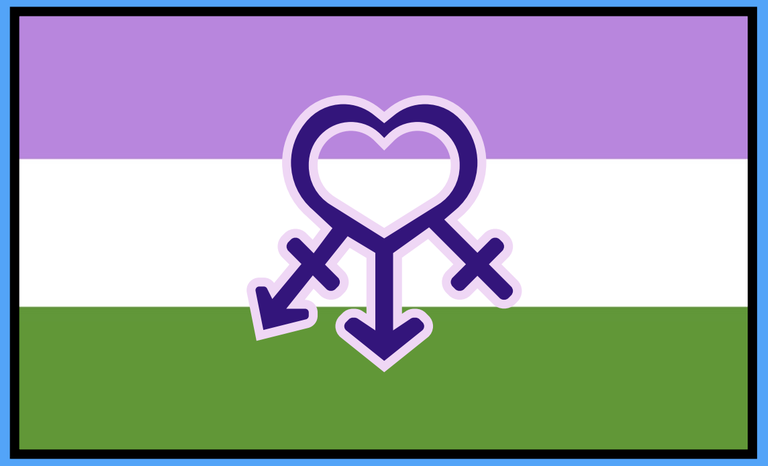


GENDER

IS A

SOCIAL CONSTRUCT

World Health Organization: Gender and Health



Gender can be broadly defined as a multidimensional construct that encompasses gender identity and expression, as well as **societal, social, and cultural expectations** about status, characteristics, and behavior as they are associated with certain sex traits.

CISGENDER-

Denoting or relating to a person whose gender identity aligns with the gender that corresponds to the sex they were assigned at birth; not transgender.

NIH: Sex, Gender, and Sexuality

TRANSGENDER-

Someone whose self-identity does not align with the gender that corresponds to the sex they were assigned at birth.

NON-BINARY-

A person whose self-identity is outside the socially constructed binary of ‘man’ or ‘woman’.

NIH: Sex, Gender, and Sexuality

SEX *v. GENDER*

Dimensions of Sex (bio variable) & Gender (social and cultural variable)

GENDER

- **Self-identity**
- **Roles & norms**
- **Power**
- **Relations**

SEX

- **Anatomy**
- **Physiology**
- **Genotype**
- **Phenotype**
- **Hormones**
- NIH: Sex and Gender

STRAIGHT-

Relating to or characterized by persistent sexual or romantic attraction to people of a **different gender identity.**

GAY-

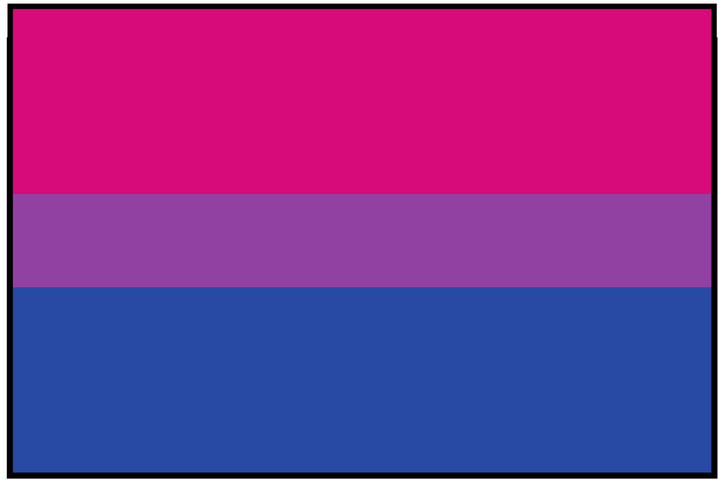
Relating to or characterized by persistent sexual or romantic attraction to people of one's **same gender identity**-originally used to refer to men only.

Lesbian-

A woman who is sexually or romantically attracted exclusively to other women.

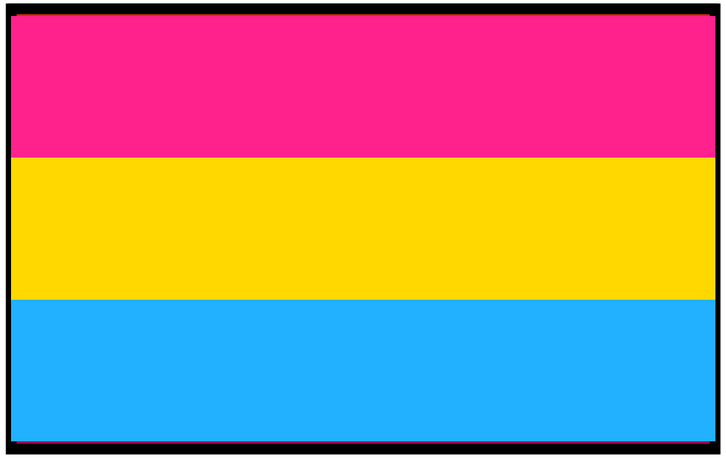
Bisexual-

Relating to being sexually or romantically attracted to one’s own gender identity and other gender identities.



Pansexual-

Relating to being sexually or romantically attracted to people regardless of gender identity or sex assigned at birth.



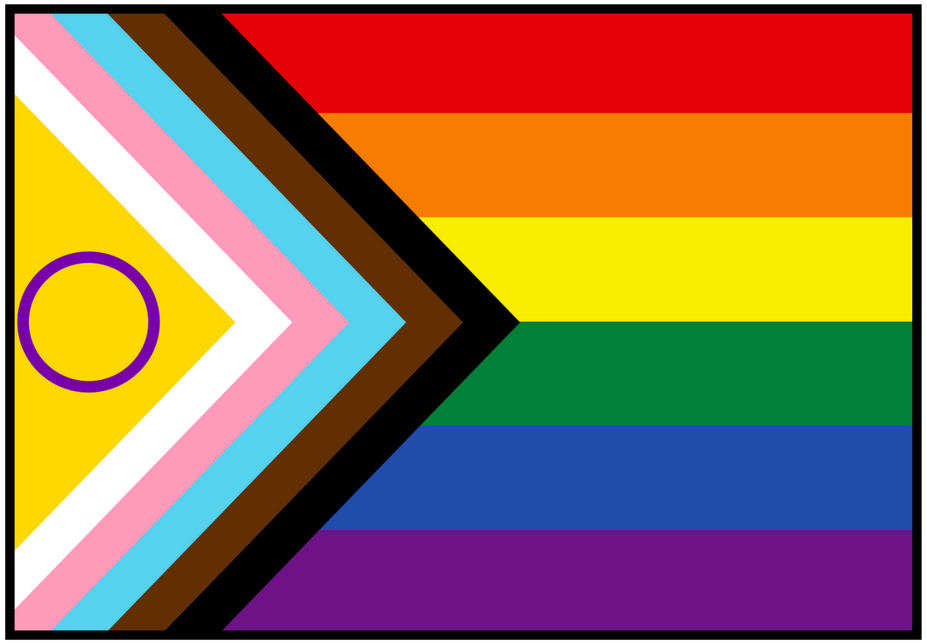
Asexual-

Relating to one experiencing no romantic or sexual attraction to anyone.

Note: Like with all things human, this can be expressed on a scale.

Queer-

An umbrella term used to describe a person who is not straight, or who does not identify with heteronormative and/or gender normative expectations and/or practices. HRC: Glossary of Terms



Individual-Level Barriers to Care for LGBTQ+ people.

1. Patient's knowledge on how to find affirming providers.
2. Patient's level of self-advocacy skills.
3. Patient's feelings of being unable to talk about or feel shameful in discussing one's gender identity, sex, or sexuality.
4. Patient's expectations of stigma-related consequences informing treatment and services.

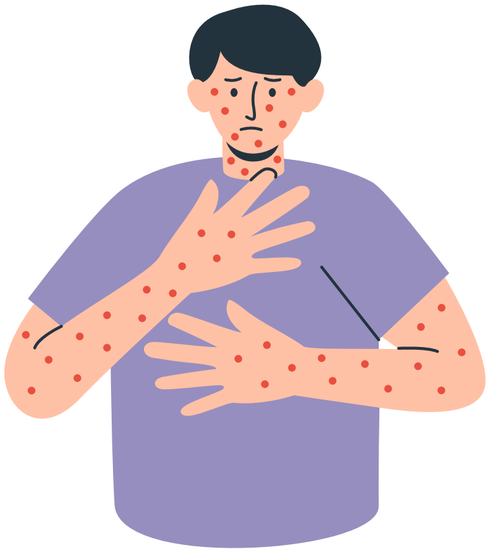
CGI: Barriers to Care for the LGBTQ+population

Systemic Barriers in the LGBTQ+ Community

1. Poor treatment and/or provider insensitivity.
2. Problems with the physical and climate of provided services.
3. Issues with the availability and appropriateness of sought and necessary services.
4. Lack of provider competence in transgender and nonbinary care.

National Coalition for LGBTQ Health

BEST PRACTICE



- Use gender neutral language.
- Honor people by respecting their pronouns.
- Help to create an affirming and safe work culture with clear expectations.
- Use the correct vocabulary when talking with the patient, staff, patient's H&P and any progress notes.
- Educate yourself. Do not expect LGBTQ+ people to educate you.

BEST PRACTICE

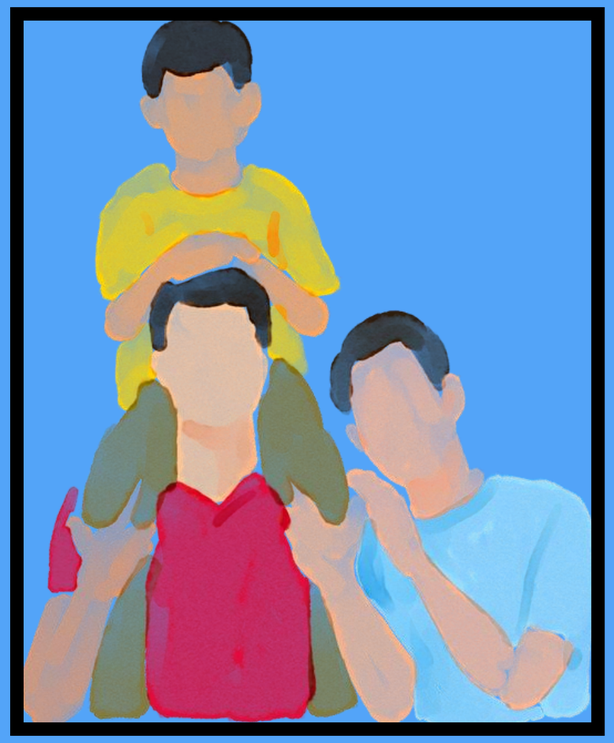
- Do not refer to a person’s sex assigned at birth as, ‘biological sex’.
- Do not use a patient’s dead name unless necessary. Explain to your patient why you are using their dead name.
- Do not out people inadvertently.
- Do not put your personal beliefs above another person’s access to health, happiness, and life.

“How do I ask for patient information with inclusion in mind?”

Scripting Example 1:

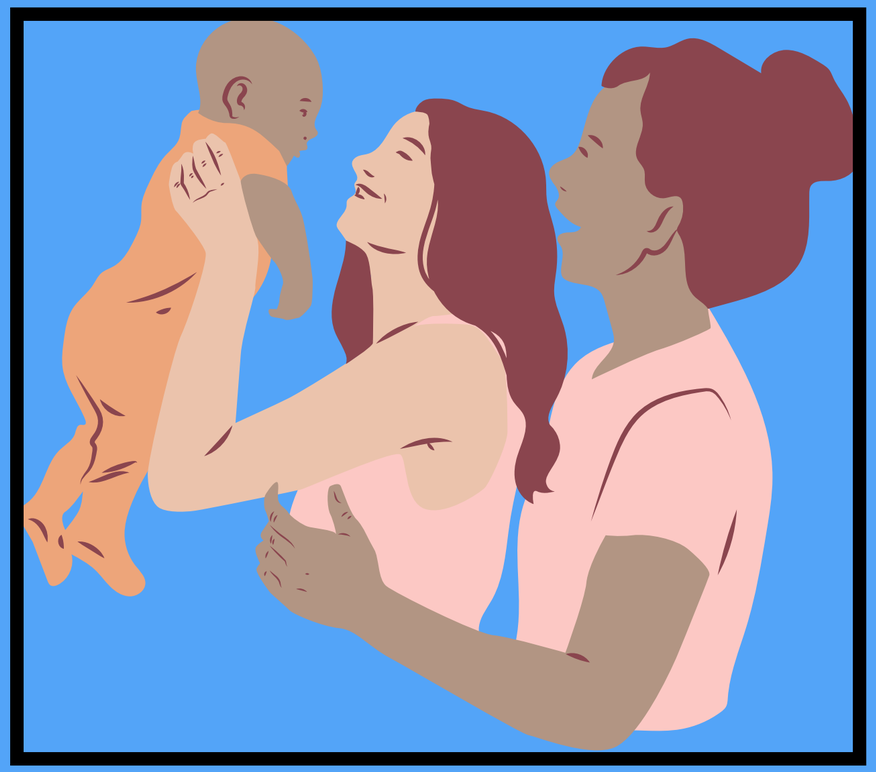
“Hi. My name is ___, and my pronouns are ___. I am going to ask a few questions to get to know you better.”

1. “What is your full legal name?” Explain why you need this info to your patient.
2. “When we are together, what name and pronouns should I use?”
3. “If other people are with us, should I use a different name or pronoun when referring to you?”
4. “Is there anything else you want to share that will help me to give you the best care possible?”



- By creating safer spaces for LGBTQ+ community members we can reduce patient fear and anticipatory anxiety.
- By reducing patient fear and anticipatory anxiety you can promote feelings of safety and trust within your therapeutic relationship.

Encouraging members of the LGBTQ+ community to engage in health services, routine check-ups, and preventative care can decrease the incidence of emergency interventions, patient bounce back, and “reactive medicine”.



Your patients will experience a decreased risk of chronic and debilitating conditions and early mortality. They are given a better chance at health, happiness, and a more fulfilling life.

It all begins with

your decision

to be inclusive.