CULTURAL COMPETENCE AND THE LGBT* COMMUNITIES

*(LESBIAN, GAY, BISEXUAL, AND TRANSGENDER)*
TRAINING GOALS

• Define and understand LGBT terminology as it is understood in the LGBT community.
• Review health disparities of LGBT populations and gain insight into how to close the LGBT disparities gap.
• Explore practice tips for patient encounters.
SOME LGBT TERMINOLOGY

Orientation

- **Sexual orientation**: A person’s emotional, sexual and/or relational *attraction* to others. Usually classified as heterosexual, bisexual, and homosexual (i.e., lesbian and gay).

  - Orientation describes how people position themselves on the spectrum of attraction and identity.
  - It is distinct from gender identity or gender expression.
  - Transgender people exhibit the full range of sexual orientations, from homosexual to bisexual to heterosexual.
SOME LGBT TERMINOLOGY (CONT’ D)

Orientation (cont’d)

• **Bisexual**: One whose sexual or romantic attractions and behaviors are directed toward both sexes to a significant degree. Bisexuality is a distinct sexual orientation.

• **MSM**: Men who have sex with men. Usually identify as gay.

• **WSW**: Women who have sex with women. Usually identify as lesbian.
Gender Identity

- **Transgender**: Describes people whose gender identity and/or expression is different from that typically associated with their assigned sex at birth.

- **Genderqueer**: Describes people who see themselves as outside the usual binary man/woman definitions.
  - Having elements of many genders, being androgynous or having no gender.
  - Also **Gender Non-Conforming (GNC)**

- **Bigender**: Describes people whose gender identity encompasses both male and female genders. Some may feel that one identity is stronger, but both are present.
Gender Identity (cont’d)

- **MtF**: Male-to-female; a person who was assigned the male sex at birth but identifies and lives as a female. Also trans woman.
  - MtF persons will still need to have prostate exams according to standard guidelines.

- **FtM**: Female-to-male; a person who was assigned the female sex at birth but identifies and lives as a male. Also trans man or trans male.
  - FtM persons will need to have breast exams and Pap tests according to standard guidelines.

- **Transsexual**: Medical term for people who have used surgery or hormones to modify their bodies. Some trans people find this term offensive.
HEALTH DISPARITIES OF LGBT POPULATIONS

- Delaying Care: Heterosexual 17%, Lesbian, gay, or bisexual 29%
- Violent injury: Heterosexual 5%, Lesbian, gay, or bisexual 19%
- Suicidal Ideation: Heterosexual 2%, Lesbian, gay, or bisexual 5%
- Alcohol Abuse: Heterosexual 33%, Lesbian, gay, or bisexual 44%
- Smoke Cigarettes: Heterosexual 16%, Lesbian, gay, or bisexual 27%
TRANSGENDER INDIVIDUALS
BURDEN DISPARITIES IN LEVELS OF CARE

Refused Care Based on Gender Identity/Expression

Postponement of Care Due to Discrimination by Providers
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Here’s What We Wish Our Health Care Team Knew…

• A general understanding of the terms used by us for orientation/identification

Here’s What Your Team Can Do…

• Listen to how patients refer to themselves and loved ones (pronouns, names).
  – Use the same language they use.

• If you’re unsure, ask questions.
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Here's What We Wish Our Health Care Team Knew…

• We come to you with an extra layer of anxiety.
  – Verbally or physically abused
  – Rejected by families due to our sexual orientation/identity
  – Discriminated against within the health care setting

Here's What Your Team Can Do….

• A little warmth can make all the difference!
  – Signage or intake form verbiage that is safe, judgment-free, and non-discriminatory
  – Policies indicating non-discrimination for sexual orientation/identity displayed in common areas
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Here’s What We Wish Our Health Care Team Knew…

• The heteronormative assumptions and attitudes dissuade our future care-seeking.
• Discrimination in healthcare may delay or defer treatment.

Here’s What Your Team Can Do….

• Anticipate that all patients are not heterosexual.
  – Use “partner” instead of “spouse” or “boy/girlfriend.”
  – Replace marital status with relationship status on forms.
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Here’s What We Wish Our Health Care Team Knew…

• We feel our HIPAA rights to privacy are not honored.

Amazingly, some personnel…
  – Openly discuss our orientation/identity with coworkers.
  – Don’t realize or care that we can see or hear them making fun of us with coworkers.

Here’s What Your Team Can Do….  

• Protect the patient’s rights.
  – Sharing personal health information, including sexual orientation, is a violation of HIPAA.
  – Confirm that the patient’s rights are protected under the HIPAA Privacy Rule.
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Here’s What We Wish Our Health Care Team Knew…

• We may be more sensitive to the use of PPE.
  – Some doctors put on gloves after learning about our sexual orientation.
  – Some show a reluctance to touch us at all.

Here’s What Your Team Can Do…

• Treat patients as you would any other patient.
  – If it’s not contagious, take the gloves off.
  – Acknowledge and use the power of touch.
  – Let the patient know that gloves are used for every patient, if true.
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Here’s What We Wish Our Health Care Team Knew…

- We’ve experienced harshness.
  - Many of us have been unkindly ordered around.
  - Some handle us roughly, like with a blood draw.
  - Some of us have even had people drop things on us on purpose.

Here’s What Your Team Can Do…

- Please use common courtesy.
  - If you wouldn’t say or do it to straight patients, please don’t say or do it to us.
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Here’s What We Wish Our Health Care Team Knew…

• We are sensitive to displays of intolerance
  – We have seen doctors being judgmental or showing signs of intolerance, aversion, or disgust
  – Doctors have walked out on us, as in “I can’t believe I have to see THIS patient”

Here’s What Your Team Can Do…

• Show signs of acceptance and welcoming
  – Identify your own LGBT perceptions and biases as a first step in providing the best possible quality of care to us
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Here’s What We Wish Our Health Care Team Knew…

• Check your surprise, embarrassment, or confusion.
  – Many of us do not disclose our orientation because we don’t feel comfortable or we fear receiving substandard care.
  – Your “gaydar” might be off when determining whether we might be LGBT – most of us don’t fit the stereotypes.

• Recognize that “coming out” to you does not mean we are “coming on” to you.

Here’s What Your Team Can Do….

• Practice some helpful phrases:
  – “Do you have sex with men, women, or both?”
  – “What pronoun do you prefer I use when referring to you?”
  – “I’m glad you shared that with me. I know that might have been difficult to tell me. Is there anything else in connection with your health care that I should know about?”
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Here’s What We Wish Our Health Care Team Knew…

- Transgender patients have specific health concerns.
  - May experience more trauma during removal of clothing or pelvic examinations.
  - Not all transgender people want to use hormones or surgery to align with their confirmed gender.

Here’s What Your Team Can Do….

- Always use preferred name and pronouns, even when we are not in the room.
- The topic of body modification activities should be approached with care.
- Do not let curiosity lead you to examine body parts that are not involved with the medical issue at hand.
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The New York State Department of Health maintains a list of very helpful LGBT-related resources for:

- Affordable Care Act
- Census and LGBT Demographic Studies
- Drug and Alcohol Abuse
- Gender Identity
- Health Disparities
- HIV/AIDS
- Homelessness
- LGBT Health Resources
- LGBT Health Organizations
- LGBT Curriculum in Schools
- Mental Health
- Legal
- Teen Health

www.health.ny.gov
REFERENCES

Cultural Competence & the LGBT (Lesbian, Gay, Bisexual, and Transgender) Communities


THANK YOU FOR PARTICIPATING