Ending Invisibility: Better Care for LGBT Populations

The Fenway Guide to LGBT Health
Module 1
Learning Objectives

At the end of this module, participants will be able to:

- Describe terminology and concepts related to lesbian, gay, bisexual, and transgender (LGBT) populations
- Describe LGBT population demographics
- Explain what it means to give cross-cultural care
- List strategies for creating a safe and welcoming environment for LGBT patients
LGBT Terminology and Concepts
Lesbian, Gay, and Bisexual

- Lesbian and Gay
  - People who have (or desire to have) an intimate relationship with individuals of the same gender.

- Bisexual
  - People who have (or desire to have) an intimate relationship with individuals of the same or different gender.
Sexual Orientation

Identity

Attraction

Behavior
Sexual Orientation, cont’d

- Sexual behavior, identity, and desire are fluid (can change over time) based on individual’s developmental stage, cultural environment

- For example, 40-50% of self-identified lesbians are, or have been married to men

- Cultural background can influence whether or not someone’s sexual attractions, behaviors, and identity align

- Sexual identity is independent of the gender of a person’s current partner
Sexual Orientation, cont’d

- LGBT identity labels are more often used in mainstream Western culture
- Ethnic/racial minorities and youth may not use these terms:
  - In one study, 73% of men who have sex with men identified as straight. These men were more likely to be foreign-born (Pathela, 2006)
  - Indian, Latino cultures: more narrow definition of homosexuality; fear of discrimination
  - Two-Spirit/Native American: traditional role embodying male/female spirit; current usage encompasses LGB and T
  - *On the Down Low*: different identities in different cultural circles
Transgender

- People who identify and/or express their gender as the opposite of their biologic birth sex.

- People who define themselves as a gender outside the either/or construct of male/female – e.g. having no gender, or having elements of multiple genders.
Gender, Sex, Gender Identity

- **Gender or Gender Role**: Traditional behavioral differences between men and women as defined by a culture.
- **Sex**: Biology and anatomy that determines if a person is male, female, or intersex.
- **Gender Identity**: A person’s sense of their own gender: “Do I feel I am male or female?”
Transgender, cont’d

- Transgender persons choose to present themselves to the world in a variety of ways
  - Some medically or surgically alter their body to affirm their gender identity
  - Some change hairstyle and dress
  - Some make no changes to their appearance
  - Most, but not all, will change their given name

- Gender identity terms vary
Transgender, cont’d

- Sexual orientation and gender identity are separate concepts, and it is important to understand both.
- A transgender person might consider themselves straight, gay, lesbian, bisexual, neither, other, etc. This can evolve over time.
Intersex / Variations of Sexual Development

- Traditionally – individuals born with ambiguous genitalia
- Broader definition – individuals with a variety of conditions involving anomalies of the sex chromosomes, gonads, reproductive ducts, and genitalia
- Intersex conditions may only become apparent later on, during puberty
- Sometimes considered to be a gender minority or transgender person
- Preferred terminology varies: Intersex, Disorders or Variations of Sex Development
- Unique ethical, medical, surgical concerns
Intersex / Variations of Sexual Development, cont’d

- Infants are traditionally assigned either a male or female gender identity
- Eventual gender identity occasionally does not correlate with gender designation at birth
- Sometimes genital surgery is performed on infants
- This is very controversial: many feel it should be up to the intersex individual when they are old enough to make an informed decision
The terms “sexual and gender minorities” are used increasingly.

Why “minority”?

- Research / epidemiology: important to define population groups experiencing health disparities
- Policy change: minority group membership important for achieving protections against discrimination

Some LGBT people dislike being called a “minority.”
LGBT Demographics
Demographics: LGB

- Exact numbers unknown
  - Identify as homosexual or bisexual
    - Women: 1.4%
    - Men: 2.8%
  - Behavior: Any same-sex behavior since puberty
    - Women: 4.3%
    - Men: 9.1%
  - Attraction/Appeal/Desire
    - Women: 7.5%
    - Men: 7.7%
  - Results vary considerably by geography, race/ethnicity, education level
Demographics: LGB, cont’d

- 2002 National Survey of Family Growth (ages 18-44)
- Identify as gay (male) or lesbian (female)
  - Men: 2.3%
  - Women: 1.3%
- Identify as bisexual
  - Men: 1.8%
  - Women: 2.8%
- Behavior: same-sex sexual contact in the last year
  - Men ages 15-44: 3%
  - Women ages 15-44: 4%
- Behavior: had both male and female partners
  - Men: 1%
  - Women: 3%
Demographics: LGB, cont’d

- Census 2000 collected information on “unmarried same-sex partners”
- Estimated 600-770,000 same-sex couples living together (Gates, 2006; gaydemographics.org)
- Same-sex households observed in 93% of all counties
- 45% live in cities; 40% in suburbs; 13% in non-metro areas (Simmons and O’Connell, 2003)
- Limitations:
  - Does not include single individuals who are LGBT
  - Non-disclosure by some respondents
  - Does not include self-identified bisexuals who are in opposite sex relationships
Same Sex Households by County

Each star represents 250 same-sex households
Map Courtesy: J. Bradford PhD. and K. Barrett PhD., SERL, VCU
Demographics: Transgender

- No reliable data on number of transgender people
- Existing estimates on “prevalence of transsexualism”
  - 1:500 – 1:2000 MTF (Olyslager and Conway, 2007)
  - 1 in 11,900 MTF; 1 in 30,400 FTM (Bakker, 1993, Netherlands) - hormonally and surgically treated only
  - Prevalence of transgender people (including those who do not seek medical intervention) is thought to be much larger
Ending Invisibility: Knowing Your Patients
Your New Patient

New Patient
Your New Lesbian Patient

What is your reaction?
How Do Patients Define Themselves?

- Asking about sexual behavior is important, but to get a comprehensive history, we also need to understand identity and attraction.
- To establish rapport and perform appropriate and sensitive clinical evaluations, we also need to be open to discussing sexuality and gender identity, and any complexity surrounding these issues.
Why Is it Important to Know?

Lesbians out to their Primary Care Provider were more likely to… (White and Dull, 1998)

- Seek health and preventive care ($P <= .02$)
- Ever have a pap test ($P <= .007$)
- Be a non-smoker ($P <= .002$)
- Be comfortable discussing difficult issues ($P < .0001$)
Beyond the Sexual History

- Unique clinical issues to consider
  - Medical
  - Emotional

- Moving toward ending disparities in care
A Construct for Caring: Providing Cross-Cultural Care

- Respect
- Curiosity
- Empathy
Enhancing Cross-Cultural Care with LGBT Patients

- Reflect on your attitudes about sexuality and gender roles
- Learn more about the contexts in which LGBT people live and define themselves
- Learn more about the unique health concerns of LGBT people
- Become comfortable communicating with sexual and gender minorities through study and practice (role-play, shadowing)
Attitudes in Medicine

- Homosexuality removed as mental disorder in the DSM -- 1973
- Gender Identity Disorder is still a DSM diagnosis
- Attitudes surveys: (Matthews, 1986; Smith and Matthews, 2007)

  *Physicians who would discontinue referrals to a gay pediatrician*
  
  - 1982 (46%)
  - 1999 (9%)

  *Physicians sometimes or often uncomfortable providing care to gay patients*
  
  - 1982 (39.4%)
  - 1999 (18.7%)
Self-Reflection

- Everyone is influenced by societal and cultural attitudes about sexuality and gender roles.
- It is helpful to acknowledge and then question your own personal biases and attitudes in a safe space.

Questions for self-reflection:

- *How do you react (internally and externally) when you learn someone is gay? lesbian? bisexual?*
- *How do you react (internally and externally) when someone expresses their gender in a non-traditional manner?*
Communicating with Patients

- Follow your patients’ lead (how do they describe themselves? their partners?)
- If in doubt, ask patients what terms they prefer. Be curious without worrying about offending patients.
- If you “slip up,” apologize and ask the patient what they prefer. Patients will appreciate your sincerity and good intentions!
Communication: Avoiding Assumptions

Don’t Assume:

- all patients are heterosexual
- all patients use traditional labels
- sexual orientation based on appearance
- sexual identity based on behavior (or partner’s gender)
- sexual behavior based on sexual identity
- sexual behavior or identity haven’t changed since last visit
- bisexual identity is only a phase
- transgender patients are gay, bisexual, or lesbian
Creating a Welcoming Environment

- Patients assess the office environment for signs of affirmation:
  - Will I be accepted here?
  - Does the staff see other patients like me?
Staff Training

- Ensure that staff are comfortable communicating with LGBT patients (offer short trainings, educational sessions)
- Distribute a referral list to staff of LGBT-friendly community resources and organizations
Intake

- Create intake forms that include the full range of sexual and gender identity and expression
- Ensure confidentiality on forms
- Train staff to use patients’ preferred names and pronouns (transgender patients often choose different names and gender than appear on health insurance forms, etc.)
- For sample intake form, see Handout 2-C (Module 2)
Patient Relations

- Post a patient non-discrimination policy that includes sexual orientation and gender identity
- Display posters, etc., with images that reflect LGBT lives (e.g., same-sex couples, rainbow flags)
- Provide educational brochures on LGBT health topics
- Offer unisex bathrooms
- Provide procedures for patients to file and resolve complaints alleging violations of anti-discrimination policies
- Conduct patient outreach and marketing in LGBT venues, websites, and media
- Promote your practice’s LGBT-friendliness widely to reach LGBT clients who do not access LGBT-targeted media
- Consider listing your practice in the Gay and Lesbian Medical Association’s web-based provider directory ([www.glma.org](http://www.glma.org))
- See Handout 1-A
Non-Discrimination Policy

We provide care for patients without discrimination, including, but not limited to discrimination on the basis of:

- Race/Ethnicity
- Age
- Sex/Gender
- Sexual Orientation
- Socioeconomic Status
- Religion
- Insurance Status
- Country of Origin/Immigration Status
- Physical Ability
- Mental Ability
Pro-Diversity Workplace Policies

- Prohibit discrimination and harassment of LGBT employees
- Provide LGBT employees with the same benefits and compensation for themselves and their families as all other employees
- Advertise and recruit for staff positions in LGBT media and organizations
- Consider participating in the Health Equality Index, an indicator of how well various healthcare organizations serve LGBT people. Currently this is only available for hospitals. See [www.glma.org](http://www.glma.org) for more info.
Building Your Skills
Resources

- GLBT Health from the Department of Public Health, Seattle and King County, WA
  http://www.metrokc.gov/health/glbt
- Gay and Lesbian Medical Association
  http://www.glma.org
- Gender and Sexual Diversity Learning Modules
  http://www.genderandhealth.ca/en/modules/sexandsexuality/
- See Handout 1-A for many more resources
Enhancing Healthcare = Enhancing Human Rights