NATIONAL LGBT HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Best Practices in Behavioral Health for Sexual Minority Women

M. Jane Powers, MSW, LICSW

Fenway Health

Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated Primary Care Model, including HIV services

The Fenway Institute

- Research, Education, Policy

NATIONAL LGBT HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

☎ 617.927.6354

✉ lgbthealtheducation@fenwayhealth.org

www.lgbthealtheducation.org

Technical Questions?

- Please call WebEx Technical Support:
  - 1-866-229-3239
- You can also contact the webinar host, using the Q&A panel in the right hand part of your screen. To see the panel, you may need to expand the panel by clicking on the small triangle next to “Q&A”
- Alternatively, e-mail us at lgbthealtheducation@fenwayhealth.org

Sound Issues?

- Check if your computer speakers are muted

- If you can not listen through your computer speakers:
  - Click on the “Event Info” tab at the top of the screen
  - Pick up your telephone, and dial the phone number and access code.

When the Webinar Concludes

- When the webinar concludes, close the browser, and an evaluation will automatically open for you to complete
- We very much appreciate receiving feedback from all participants
- Completing the evaluation is required in order to obtain a CME/CEU certificate

CME/CEU Information

This activity has been reviewed and is acceptable for up to 1.0 Prescribed credits by the American Academy of Family Physicians. Participants should claim only the credit commensurate with the extent of their participation in this activity.

Physicians	AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.
Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants	AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned. • American Academy of Physician Assistants (AAPA) • National Commission on Certification of Physician Assistants (NCCPA) • American Nurses Credentialing Center (ANCC) • American Association of Nurse Practitioners (AANP) • American Academy of Nurse Practitioners Certification Program (AANPCP) • American Association of Medical Assistants (AAMA)
Other Health Professionals	Confirm equivalency of credits with relevant licensing body.

Webinar Slides

- You can download today's slides from the webinar section of our website
- They will also be available on the evaluation page that appears when you close your browser at the end of the webinar
- Within the next week, today's presentation will be archived and available for free CME credit in the "webinars on demand" section of our website

Today's Faculty

M. Jane Powers, MSW, LICSW
Interim Chief of Staff
Fenway Health

Disclosure

I have no financial conflicts of interest.

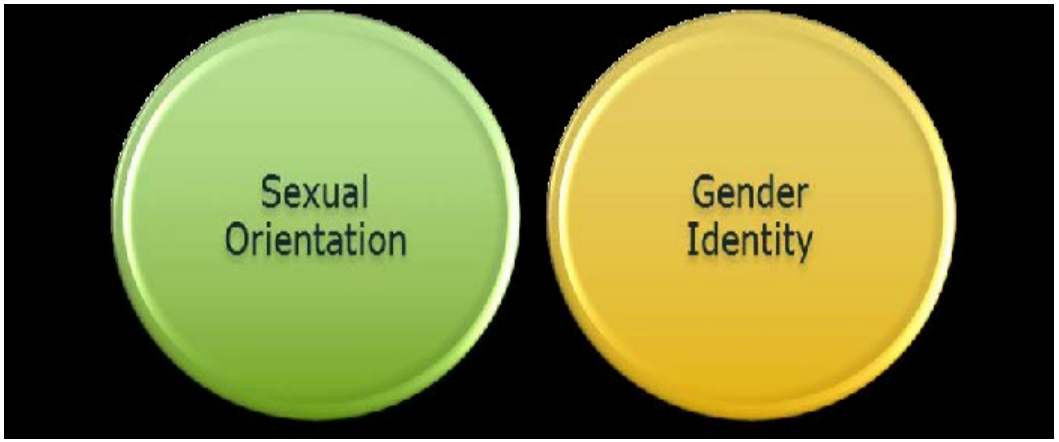
Learning objectives

- Describe health disparities and risk factors among sexual minority women
- Explore the ways in which stigma and lack of culturally affirming care impact health outcomes for sexual minority women
- Describe strategies to address implicit provider bias in care for sexual minority women

Sexual Orientation & Gender Identity Terms

Gender Identity ≠ Sexual Orientation

- All people have a sexual orientation and gender identity
- How people identify can change
- Terminology varies



Gender Identity and Gender Expression

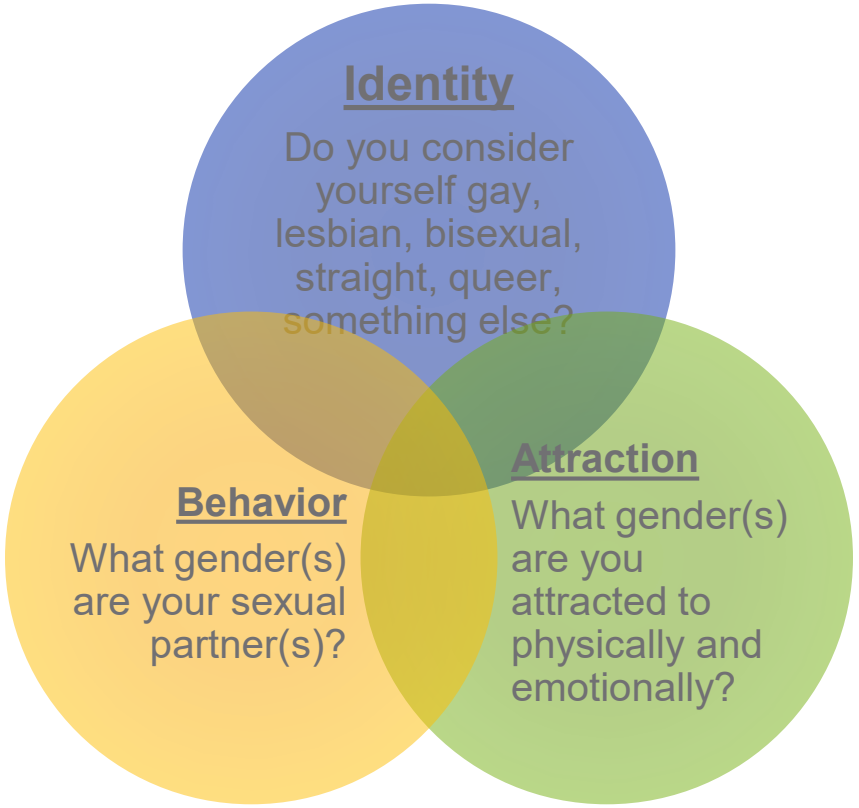
- Gender identity:
- A person's inner sense of being a girl/woman/female, boy/man/male, another gender, or no gender
- All people have a gender identity

- Gender expression:
- How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
- May be on a spectrum

Sexual Orientation

- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Attraction
- Behavior
  - Men who have sex with men-MSM (MSMW)
  - Women who have sex with women-WSW (WSWM)
- Identity
  - Straight, gay, lesbian, bisexual, queer, other

Dimensions of Sexual Orientation:



What's the Q in LGBTQ?

- 'Q' may reflect someone who is 'questioning' their sexual orientation, attraction to men, women, both, or neither.
- 'Q' may stand for 'queer,' a way some people identify to state they are not straight but also don't necessarily identify with gay, lesbian or bisexual identities. The term queer is more commonly used among younger people, and also used by people of all ages.
- 'Q' may stand for 'queer' as reflective of not straight when referring to a subset of people (e.g., queer women's mental health).

Diversity of Sexual Minority Women

- "sexual minority women" is seen as an inclusive term, capturing lesbian, bisexual, queer/questioning, "not straight" women (cis and trans)
- All races, ethnicities, ages, religions, geographic regions
- Single, partnered, with or without children
- Range of gender expression: very masculine to very feminine
- May identify their gender and sexuality in different ways

Interpersonal Stigma

Intrapersonal Stigma

"…And to the degree that the individual maintains a show before others that [they themselves] do not believe, [they] can come to experience a special kind of alienation from self and a special kind of wariness of others." (1)

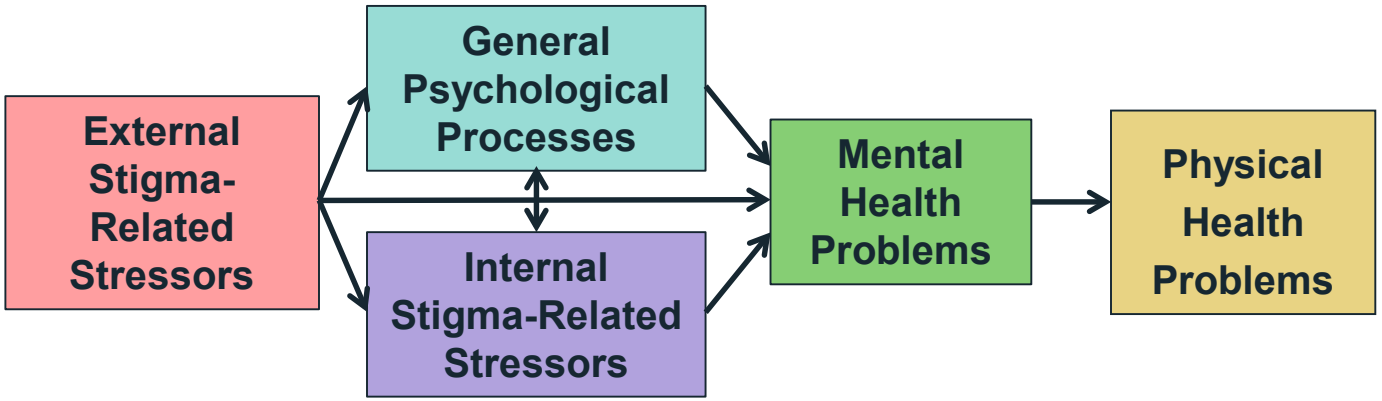
Intersectionalities and Potential Dual Stigma

- Being female and lesbian/bisexual/queer
- Being a queer woman with a psychiatric diagnosis or substance use disorder
- Being a queer woman who is a member of a racial/ethnic minority, with a disability, or from another marginalized group
- Navigation of multiple identities and potential stigmas (important for clinician to be aware of and validate these)

Structural Stigma

- Structural, or institutional discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of certain people, as well as policies that unintentionally restrict these opportunities.

Minority Stress Framework



Adapted from Hatzenbuehler, ML (2009)

Barriers to LGBTQ Health/Wellness

- Homo/Trans-phobia
- Stigma
- Discrimination
- Lack of access to culturally appropriate medical and support services
- Heightened concerns about confidentiality
- Fear of losing job, housing, family, friends
- Fear of talking about sexual orientation, gender identity, sexual behavior
- ➢ LGBTQ patients who feel they cannot disclose SOGI with a provider may also feel reluctant to disclose other information about their health or behavior

Bisexuality

- Challenges binary view about sexual orientation, that people are either heterosexual or homosexual
- Bisexuals are part of LGBTQ movement, but their needs may go unrecognized and/or they may feel stigma from both straight and gay communities
- Myths and negative stereotypes: “it’s a phase” or bisexuals as promiscuous or more likely to be “unfaithful”

Specific Disparities: Bisexuality

- Higher rates of depression, anxiety, suicidal ideation, eating disorders, (compared to lesbian or gay populations) (2, 3, 4)
- Lower levels of education, were living below federal poverty level, higher rates of poor general health and frequent mental distress (compared to lesbian women) (5)
- Higher rates of experience of physical and sexual abuse than either lesbians or gay men (5)

Sexual Minority Women's Health Disparities

- Lower rates of cancer screenings (mammography and Pap smear) for lesbians (6, 7)
- Higher rates of tobacco, alcohol, other substance use (8, 9)
- Higher rates of overweight/obesity in lesbians and bisexual women (10)
- Higher rates of depression, anxiety
- Special vulnerabilities for youth and elders in LGBTQ populations

Example: Diabetes and Sexual Minority Women

- Obesity and polycystic ovary syndrome (PCOS), both strong risk factors for type 2 diabetes, are more common among lesbians than among heterosexual women. (11)
- New study (May 2018) from San Diego State University suggested lesbian and bisexual women may experience an elevated risk (22 percent higher risk of developing type 2 diabetes). The results also suggested they developed diabetes at younger ages when compared to heterosexual women. (12)
- Study authors stated there was enough reason to suspect lesbian and bisexual women may have disparities in chronic physical health conditions because they are "more likely than heterosexual women to have risk factors such as obesity, tobacco smoking, heavy alcohol drinking and stress-related exposures."

Diabetes and Sexual Minority Women

- Study authors highlighted minority stress and higher body mass index (BMI) as significant contributors to the disparity.
- On an average, BMI was noted to be higher among lesbian and bisexual participants (earlier research observed this as well).
- Minority stress factors: discrimination, psychological distress, and violence victimization. Negative experiences can also increase susceptibility to drinking and smoking.

Efforts to improve LGBTQ health:

- Collecting SOGI data in health-related surveys and health records in order to identify LGBT health disparities (13)
- Appropriately inquiring about and being supportive of a patient's sexual orientation and gender identity to enhance the patient-provider interaction and regular use of care (14)
- Providing medical students with training to increase provision of culturally competent care (15)

➢ Promising practices: Trauma Informed Care and Behavioral Health Integration

Trauma Informed Care

- Acknowledges need to understand a patient's life experiences in order to deliver effective care
- Has potential to improve patient engagement, treatment adherence, health outcomes, and provider/staff wellness
- Involves changes at both the organizational and clinical level
- Core principles: patient empowerment; patient choice; collaboration; safety; trustworthiness (including clear expectations about what to expect for the patient)

Trauma Informed Care: Organizational Factors

- Leading and communicating about the transformational process
- Engaging patients in organizational planning
- Training clinical as well as non-clinical staff members
- Creating a safe environment
- Preventing secondary traumatic stress in staff
- Hiring a trauma-informed workforce

Trauma Informed Care: Clinical Factors

- Involving patients in the treatment process
- Screening for trauma
- Training staff in trauma-specific treatment approaches
- Engaging referral sources and partnering organizations
- Important that this all reflects LGBTQ cultural affirmation

Behavioral Health Integration

- Advancing behavioral health integration in primary care can improve access, engagement, value, and health outcomes for LGBTQ people:
- Improving experience of care
- Improving health of populations
- Reducing per capita costs of health care
- Spectrum of BHI: Coordinated, Co-Located, Integrated (most systems can provide something along this spectrum)

Behavioral Health Integration with Diabetes

- Case Example

Provider Attitudes Matter!

- Implicit bias: feelings, thoughts, and attitudes that can interfere with effective engagement with sexual minority women
- Importance of questioning and challenging underlying assumptions and biases
- Concept of “showstoppers” (Jenny Potter, MD)
  - How do my current beliefs serve me?
  - What might I lose if I change my beliefs?
  - What are the costs of maintaining my current perspective?
  - How might it benefit me to change?

Antidotes to "showstopper" feelings/thoughts

- I don't need to learn anything more about LGBTQ people because I'm already an expert.
- It's impossible to ever become a "true expert." We are all learning, all the time. Maintaining an explicit "co-expert" status with patients levels the playing field and empowers them to engage productively in their own care.

Antidotes to "showstopper" feelings/thoughts

- I'm afraid I'll say the wrong thing or offend someone.

- It takes courage to be imperfect.
- It is inevitable that I will make mistakes.
- The appropriate response is to apologize by acknowledging the mistake, understanding the experience of the mistake, and learning not to make the same mistake twice.

Antidotes to "showstopper" feelings/thoughts

- I feel too uncomfortable and embarrassed to talk about issues related to sexuality/gender.

- It is normal to feel uncomfortable when trying something new.
- It may help diffuse the discomfort to name it.
- With practice, I will gain greater comfort over time.

Antidotes to "showstopper" feelings/thoughts

- I'm afraid to ascertain all of the person's health needs because they will be overwhelming and I won't be able to help.
- It will never be possible to meet all of a patient's needs. We are not "redeemers."
- I need to trust that each patient has internal resources and sources of resilience.
- My job is to partner with the patients to strengthen their coping skills over time.
- Sometimes it takes a village. (BHI)

Antidotes to "showstopper" feelings/thoughts

- I just can't relate to LGBTQ people. Their experience is utterly foreign and unfathomable to me.

- It is normal to feel off-balance in the face of the unknown.
- I need to hang in there and develop greater familiarity so that people who are different from me no longer feel so strange.
- I recognize that I am feeling uncomfortable. If I understand why I am feeling this way, I can overcome it.

Antidotes to "showstopper" feelings/thoughts

- I think LGBTQ people are sick.
- I think the behaviors LGBTQ people engage in are wrong.
- People come from different backgrounds that may not always resemble or mesh with my own.
- I can value LGBTQ people as human beings even if I dislike or disapprove if their actions or behaviors.

Minority Stress Treatment Principles for Behavioral Health Clinicians

- Normalize adverse impact of gender/sexual orientation minority stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate strengths of queer women
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of identity and intimate relationships

Cognitive Processing Therapy for Minority Stress

- Possible tailoring for queer female-identified clients:
  - Focus on how gender-related or LBQ specific stigma causes posttraumatic stress (e.g. avoidance, mistrust, hypervigilance, low self-esteem);
  - Attributing challenges to minority stress rather than personal failings;
  - Impact Statement on how discrimination and victimization affect beliefs (e.g. expecting rejection, concealment needs, internalized homophobia/ transphobia);
  - Decreasing avoidance (e.g. isolation from LGBTQ community or medical care);

Questions?

References

- Health People 2020: HealthyPeople.gov
- Best Practices in Mental Health for Transgender and Gender Non-conforming People; Alex Keuroghlian, MD, MPH (presentation)
- LGBT Health Disparities & Blood Pressure Control Opportunities; Alex Gonzalez, MD MPH; Alex Keuroghlian, MD MPH; Ben Perkins, MA MDiv (presentation)
- Mental Health Care for LGBT People; Kevin Kapila, MD. The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health 2nd Edition: The Fenway Institute. (2015) American College of Physicians.
- "Antidotes to 'showstopper' feelings/thoughts" by Jennifer Potter, MD. In The Fenway Guide to LGBT Health, 2nd Edition. Used by permission.
- 1.Goffman, Erving. *The Presentation of Self in Everyday Life*. Harmondsworth, 1978, p. 25

References continued

- 2.Miller M, Andre A, Ebin J, Bessonova L. Bisexual Health: An Introduction and Model Practices for HIV/STI Prevention Programming, Boston: National Gay and Lesbian Policy Institutue, The Fenway Institute, BiNet USA: 2007:2.
- 3.King M, Semlyen J, Tai SS et al. A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay, and bisexual people. BMC Psychiatry. 2008:70.
- 4.Koh AS, Ross LK. Mental health issues: a comparison of lesbian, bisexual, and heterosexual women. J Homosexual. 2006. 51:33-57.
- 5.Fredriksen-Goldsen KI, Kim H, Barakan SE, Balsam KF, Mincer SL. Disparities in health-related quality of life: a comparison of lesbians and bisexual women. Am J of Public Health. 2010. 100:2255-61.
- 6.Buchmueller T, Carpenter CS. Disparities in health insurance coverage, access, and outcomes for individuals in same-sex versus different-sex relationships, 2000–2007. Am J Public Health. 2010;100(3):489-95.

References continued

- 7.Dilley JA, Simmons KW, Boysun MJ, et al. Demonstrating the importance and feasibility of including sexual orientation in public health surveys: Health disparities in the Pacific Northwest. Am J Public Health. 2010;100(3):460-7.
- 8.Hughes TL. Chapter 9: Alcohol use and alcohol-related problems among lesbians and gay men. Ann Rev of Nurs Res. 2005;23:283-325.
- 9.Lee GL, Griffin GK, Melvin CL. Tobacco use among sexual minorities in the USA: 1987 to May 2007: A systematic review. Tob Control. 2009;18:275-82.
- 10.Boehmer U, Bowen D, Bauer G. Overweight and Obesity in Sexual-Minority Women: Evidence From Population-Based Data. Am J Public Health. 2007 June; 97(6):1134-1140.
- 11.Bharanidharan, Sadhana. Lesbian, Bisexual Women's Sexual Orientation Could Increase Their Diabetes Risk. wwww.medicaldaily.com

References continued

- 12.Heather L. Corliss, Nicole A. VanKim, Hee-Jin Jun, S. Bryn Austin, Biling Hong, Molin Wang and Frank B. Hu. Risk of Type 2 Diabetes Among Lesbian, Bisexual, and Heterosexual Women: Findings From the Nurses' Health Study II. Diabetes Care 2018 May; dc172656. https://doi.org/10.2337/dc17-2656
- 13.Cahill SR, Baker K, Deutsch MB, etal. Inclusion of Sexual Orientation and Gender Identity in Stage 3 Meaningful Use Guidelines: A Huge Step Forward for LGBT Health. LGBT Health. 2015; 0(0):1-3.
- 14.Steele LS, Tinmouth JM, Lu A. Regular health care use by lesbians: A path analysis of predictive factors. Fam Pract. 2006;23:631-6.
- 15.Sanchez NF, Rabatin J, Sanchez JP, et al. Medical students' ability to care for lesbian, gay, bisexual, and transgendered patients. Med Stud Edu. 2006;38(1):21-7.

NATIONAL LGBT HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Thank you!

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS22742, Training and Technical Assistance National Cooperative Agreements (NCAs) for $449,981.00 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government