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**Increasing Cultural Competency
in Providing Care to the
LGBT Community**

August 11, 2014

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the
**Montrose
Center**

Andrea Washington, LCSW

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Presenter:



Andrea Washington, LCSW- has worked with this community for approximately 14 yrs, 8 of those yrs with Montrose Center and working with their substance use disorder intensive outpatient treatment program.

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During today's seminar we will:

- ✓ **Examine** how cultural insensitivity has perpetuated the health disparities experienced by LGBT individuals.
- ✓ Cover ways to evaluate current organizational barriers to accessing care
- ✓ **Examine** efforts in the healthcare industry to improve and expand services available to LGBT persons.
- ✓ **Highlight** organizational and leadership best practices, and personal efforts individuals can employ to increase cultural competence.

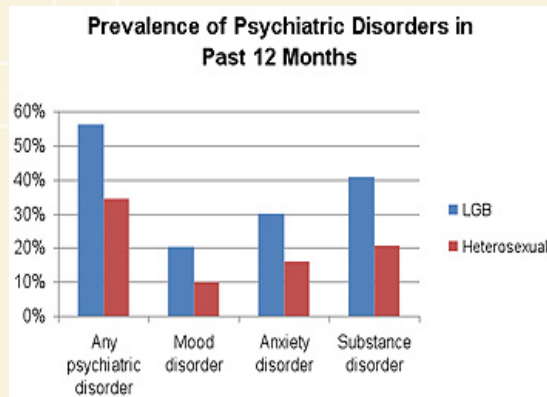
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Prevalence of Mental Health Disorders



Courtesy of the Center for Population Research in LGBT Health at The Fenway Institute

Alcohol Abuse



According to the 2013 National Health Interview Survey:

- ◆ 35.1% of lesbians & gays
- ◆ 41.5% bisexuals
- ◆ 26% of straight respondents

Had 5 or more drinks in a day in last year.

Tobacco Use

- LGBT tobacco disparities have been established by a series of studies over several decades.
- The studies consistently show LGBT smoking prevalence is 35-200% higher than the general population.
- New general population data show LGBT people smoke cigarettes at rates 68% higher than others.

Access to Health

Access to health care and health insurance

■ Heterosexual ■ LGB ■ Transgender

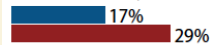
Health Disparity #1: Heterosexual adults are more likely to have health insurance coverage.⁵

% of adults with health insurance



Health Disparity #2: LGB adults are more likely to delay or not seek medical care.⁶

% of adults delaying or not seeking health care



Krehely J. How to Close the LGBT Disparities Gap. Center for American Progress. 2009.
<http://www.americanprogress.org/issues/lgbt/report/2009/12/21/7048/how-to-close-the-lgbt-health-disparities-gap/>

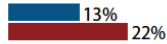
Access to Health

Access to health care and health insurance

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #3: LGB adults are more likely to delay or not get needed prescription medicine.⁷

% of adults delaying or not getting prescriptions



Health Disparity #4: LGB adults are more likely to receive health care services in emergency rooms.⁸

% of adults receiving ER care



Physical Health

Impact of societal biases on physical health and well-being

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #5: Heterosexual adults are more likely to report having excellent or very good overall health.

% of adults reporting excellent or very good health



Health Disparity #6: Lesbian and bisexual women are less likely to receive mammograms.

% of women receiving a mammogram in past 2 years



Physical Health

Impact of societal biases on physical health and well-being

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #7: LGB adults are more likely to have cancer.

% of adults ever diagnosed with cancer



Health Disparity #8: LGB youth are more likely to be threatened or injured with a weapon in school.

% of youth threatened or injured with a weapon



Physical Health

Impact of societal biases on physical health and well-being

■ Heterosexual ■ LGB ■ Transgender

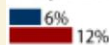
Health Disparity #9: LGB youth are more likely to be in physical fights that require medical treatment.

% of youth in a physical fight requiring medical treatment



Health Disparity #10: LGB youth are more likely to be overweight.

% of youth who are overweight



Mental Health

Impact of societal biases on mental health and well-being

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #11: LGB adults are more likely to experience psychological distress.

% of adults experiencing psychological distress in past year



Health Disparity #12: LGB adults are more likely to need medication for emotional health issues.

% of adults needing medication for mental health



Mental Health

Impact of societal biases on mental health and well-being

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #13: Transgender adults are much more likely to have suicide ideation.

% of adults reporting suicide ideation



Health Disparity #14: LGB youth are much more likely to attempt suicide.

% of youth reporting suicide attempts



A huge part of the problem...

- Personal beliefs and Perceptions
- Past experiences
- Perceived bias by health care providers

Can cause: delays in diagnosis, treatment or preventive measures



When Health Care Isn't Caring

Lambda Legal's national Health Care Fairness Campaign launched in 2009, found:

- LGBT people and people living with HIV are too **often denied the care they need** because of their sexual orientation, gender identity and/or HIV status.
- LGBT people and people living with HIV **are frequently treated in a discriminatory manner while trying to obtain care**, including providers using harsh language, refusing to touch patients and blaming them for their health status.
- Transgender and gender-nonconforming respondents reported facing barriers and discrimination as much as two to three times more frequently than lesbian, gay or bisexual respondents.

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Further Evidence...

According to National Transgender Discrimination Survey:

- **One in five transgender people report being turned away from a medical provider for being trans.**
- **28% were subjected to harassment in medical settings**
- **50% of the sample reported having to teach their medical providers about transgender care**

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So, what's the solution?

Become **culturally competent** primary care and behavior health providers who are proficient in working with the LGBT community and addressing their health care needs.



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Cultural Awareness, Knowledge, and Sensitivity

Cultural Awareness -- being cognizant, observant, and conscious of similarities and differences among and between cultural groups

Cultural Knowledge – familiarity with selected cultural characteristics, history, values, belief systems and behaviors of a specific group

Cultural Sensitivity – the knowledge that differences and similarities **DO EXIST** (it's okay!), without assigning values, as in, for better or worse, right or wrong, to those differences

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The LGBTQ community is a Subculture

The symbolism of the rainbow colors reflect the diversity of the LGBTQ community, simply put: we are a part of every nation, race, ethnicity, socio-economic status, religion/faith, political affiliation, age and ability



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Basic Appropriate Terminology

Sexual Identity is the way in which a person refers to his/her emotional and sexual orientation, i.e. attraction

- Lesbian
- Gay
- Bisexual
- Heterosexual/Straight
- **Queer**
- Questioning
- **Asexual**

Gender Identity is the way in which a person describes his/her gender or gender presentations

- Male
- Female
- **Cis-gender**
- Transgender
 - FTM (Transmen)
 - MTF (Transwomen)
- **Bigender/Genderfluid**
- **Genderqueer**

More basic terminology, cont.

Sexual Behavior refers to a person's choice of sexual partner, and can be independent of one's sexual identity.

- MSM— men who have sex with men
- WSW— women who have sex with women

Sexuality refers to one's overall experience of sex, including belief's, attitudes, behaviors, attraction, etc.

Negative attitudes towards gender or sexual orientation differences

- Heterosexism
- Homophobia
- Transphobia
- Biphobia
- Internalized homophobia
- Lifestyle
- Preference

Other less familiar terminology

- Gender non-conforming
- Gender variant
- Intersex
- Ally
- Family of Choice
- Pansexual
- Transitioning
 - Hormone replacement therapy
 - Gender corrective surgery



As a Provider, what you can do?

- Educate yourself, learn about the specific health issues facing LGBT people.
- Be accessible
- Let patients know your office is a safe place to disclose their sexuality/orientation/gender identity (*e.g. visible HRC or rainbow stickers*)
- Become comfortable discussing sexuality
 - orientation, gender identity, behavior
 - Don't make assumptions!!
- Be sensitive to the fact that this disclosure may be difficult for your patients.
- Know your resources
 - Familiarize yourself with community resources
 - Utilize them appropriately

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What you can do...*Don't assume:*

- All patients are straight
- Sexual behavior based on sexual identity
- Sexual identity based on sexual behavior
- That transgender patients are lesbian, gay or bisexual
- Being in a same-sex relationship means the person has never been sexual with the opposite sex, or doesn't have children
- Only women have vaginas and cervixes and ovaries
- Only men have prostates and penises and testes
- That older adults are straight or are not sexually active
- Lesbians can't transmit STIs to other women (there are safer sex practices for lesbians too)
- Domestic violence doesn't occurs between 2 women and/or 2 men

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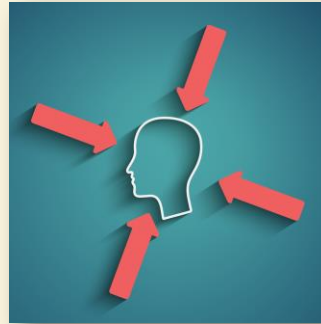
Provider's Self Assessment

In order to provide affirming PBHCI care providers must:

- Honestly evaluate your own feelings about the LGBT community
- Become aware of the potential negative impact on patient care that body language, tone of voice, questions asked or avoided, care options offered could have
- Have awareness of their own biases to allow him/her to adjust his/her behavior accordingly to ethically provide optimal health care

Role of Leadership in Cultural Competency

Leadership: Leaders must clearly articulate a organization's commitment to meet the unique needs of its patients, and establish an organizational culture that values effective communication, cultural competence, and patient- and family-centered care.



Steps Towards Cultural Competency

Leadership: policy decisions

1. **Adopt** a nondiscrimination policy.
2. **Develop** patients' right to identify a support person of their choice; and **develop** a clear mechanism for reporting discrimination/disrespectful treatment
3. **Incorporate** a broad definition of *family* consistent with the law.
4. **Monitor** organizational efforts to provide culturally competent care.
5. **Identify** an individual leader who will be accountable .
6. **Support** champions with special expertise and experience.

Workforce Cultural Competence

- **Ensure** equitable treatment and inclusion for LGBT employees.
- **Demonstrate** commitment to LGBT equity and inclusion in recruitment and hiring.
- **Train HR employees** on general LGBT workplace concerns, LGBT-inclusive nondiscrimination statement, benefits, and policies.
- **Incorporate** LGBT patient care information in new and existing employee/staff training, and ***train annually***
- **Commemorate** LGBT events
 - Pride Month; National Coming Out Day; AIDS awareness

Implementation of Policy: First Contact, a Welcoming & Inclusive Environment

- Prominently post nondiscrimination policy or patient bill of rights.
- Waiting rooms and common areas should reflect and be inclusive of LGBT individuals and their families. (posters, magazines, health promotion materials)
- Create and designate gender-neutral or single-stall restrooms.

Implementation continued: Second Contact- Front Office Staff

- Serve as role model of respect and courtesy
- Staff development & training on sensitivity to LGBT patients and concerns
- Have a zero-tolerance policy for inappropriate behavior
- Partners/significant others should be equally valued as spouses of heterosexual patients

Third Contact: Office forms/patient charts

Recommended inclusive terms on intake forms:

- “Relationship status” vs “marital status” and adding “partnered” as an option
- Adding a “transgender” option to the gender question
 - preferred name
 - preferred pronoun
- Add sexual orientation to the forms as an “option”
- Ensure confidentiality and HIPAA compliance

Clinical Interview: The Atmosphere

- Be relaxed
- Don't make assumptions
- Ask open-ended questions
- Use neutral and inclusive language in interviews and when talking with all patients.
- Focus on behaviors, not just orientation or labels
- Non-judgmental attitude when asking questions
- Listen to and reflect patients' choice of language when describing their own sexual orientation and how the individual refers to their relationship or partner.

Substance Use Disorder Treatment Considerations

Assessing the Special Needs of LGBT Individuals

Coming Out Experience

- What have been their experiences with coming out?
 - Age of acknowledgement or recognition
 - Consequences
 - Real or perceived
- Degree of "out-ness"
 - Completely out;
 - personal life only
 - family
 - work.
- Fear of being outed.
- History of abuse directly related to orientation or identify.

Assessing the Special Needs of LGBT Individuals

Familial considerations

- Family of Origin
 - Dynamics within family
 - Unresolved issues
 - Response to coming out
- Family of Choice & families they have developed (i.e. children of LGBT clients)
 - Whether they are out.
 - Level of acceptance of sexual orientation or gender identity.
 - Inclusion of family of choice in patient's treatment.

Clinical Issues of Lesbians

- Reliance on women's bars for socializing, peer support and meeting potential partners;
- Interaction of sexism, stress, and substance abuse;
- Issues related to coming out such as:
 - Coming out late in life
 - alienation from loved ones
 - Parents
 - Adult children
 - the emotional dissonance of "passing" as straight or not passing
 - the use of substances to reduce the anxiety to these factors;
- Experiencing trauma

Clinical Issues of Gay Men

- Growing up Gay
 - Heterosexism
 - Gender expectations
- Gay Male Social Life: Bar Scene
- Life Cycles and Relationships
- HIV/AIDS: Loss and Grief
 - as a person living with and/or a survivor who has lost numerous friends to the disease
- Substance Use and Sexual Activity
 - Party and play
 - Bath houses
 - Hustlers/prostitution/sexual favors
 - Sex addiction as a co-addiction
 - Internet Hook-ups
 - Pornography addiction

Clinical Issues with Bisexual Clients



- Invalidation of their identity
- Myths about being Bisexual
 - Bisexuals are confused or in denial about their sexual orientation or they can't make up their minds or it's a phase before becoming gay or lesbian
 - They are afraid to be lesbian or gay because of social stigma and have succumbed to the social pressure to "pass" as straight.
 - They are hypersexual and will have sex with anyone.
 - ****Bisexual men are the sources of spreading HIV from the gay community to the straight community**
- Biphobia
- Internalized Biphobia aka The Down Low Syndrome (see ****** above)
- Experiences of Trauma

Clinical Issues with Transgender Clients

- **Invalidation of personal identity**
 - Coming out and/or transitioning later in life
 - Rejection by family and friends
- **Trauma/exploitation**
 - Childhood trauma
 - Trauma as an adult
 - Domestic Violence
 - Sexual Assault
 - Hate crimes
 - Human Trafficking
- **Economic/Employment barriers**
- **Barriers to accessible treatment to support GRS/HRT**



Further Considerations in SUD Treatment of LGBT individuals

- **Ensure** that non-LGBT clients are aware of and comply with non-discrimination policies
- **Provide** a safe, non-judgmental environment for individuals to share openly about addiction history.
 - Applicable to both individual & group therapy settings.
- **Sensitively manage** experiences of religious intolerance, and how it impacts their current spiritual beliefs and engagement.
- **Be aware** of internalized homophobia and shame, especially regarding sex during their addiction.

Unique Problems of LGBT Elders

The effects of a lifetime of social stigma and prejudice, past and present.

Reliance on informal families of choice for social connections, care and support –

- *LGBT elders rely less on spouses.*
- *LGBT elders rely less on parents, siblings and in-laws.*
- *LGBT elders rely less on children.*
- ***LGBT elders rely more on friends and other informal caregivers.***

Inequitable laws and programs that fail to address, or create extra barriers to, social acceptance, financial security, and better health and well-being for LGBT elders.

Resources

- SAMHSA's "A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children"
 - <http://store.samhsa.gov/product/PEP14-LGBTKIDS>
- The Fenway Institute's, "National LGBT Health Education Center"
 - www.lgbthealtheducation.org
- Network for LGBT Health Equity at CenterLink
 - www.lgbtcenters.org/programs.aspx



A PRACTITIONER'S RESOURCE GUIDE:
**Helping Families
to Support Their
LGBT Children**

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Resources: SAMHSA's LGBT Training Curricula for Behavioral Health & Primary Care Practitioners

- ✓ "A Provider's Introduction to Substance Use Treatment for LGBT Individuals: Training Curriculum"
- ✓ "Effective Communication Tools for Health Professionals"
- ✓ "HIV/AIDS and Substance Use Disorders in Ethnic Minority Men Who Have Sex with Men (MSM)"
- ✓ "National LGBT Health Education Center Continuing Education"
- ✓ "Nurses HEAL Elders Curriculum"
- ✓ "Removing the Barriers (RTB)"

<http://beta.samhsa.gov/behavioral-health-equity/lgbt/curricula>

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Lambda Legal, 2009.

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Ard K, Makadon H. [Improving the Health Care of Lesbian, Gay, Bisexual and Transgender \(LGBT\) People: Understanding and Eliminating Health Disparities.](#) The Fenway Institute, Fenway Health, 2012.

[Guidelines for the care of Lesbian, Gay, Bisexual, and Transgender Patients](#) (Gay and Lesbian Medical Association)

[A Provider's Handbook on Culturally Competent Care: Lesbian, Gay, Bisexual and Transgendered Population](#) (Kaiser Permanente National Diversity Council)

[Addressing the Needs of LGBT People in Community Health Centers: What the Governing Board Needs to Know](#)

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