

PRIDE MONTH 2024 WORKSHOP

CREATE A NEW TOOL TO PROMOTE **LGBTQIA+** HEALTH ACCESS AND EQUITY

Part 1

Understanding LGBTQIA+ Health Disparities

May 7, 2024 | 2-3 PM ET



Katie Hathaway, JD
Consultant

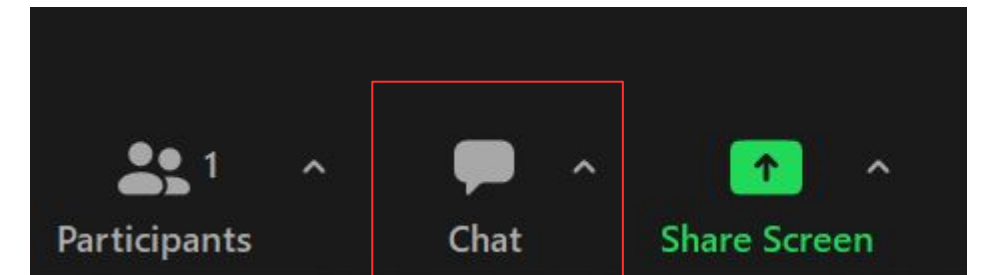


Moderator

HOUSEKEEPING

- Use the Zoom platform to engage: chat, raise your hand to speak, send questions, and share reactions.
- Send a chat to the Hosts & Panelists for help.
- To activate captions, select “Live Transcript” and “Show Subtitle.”
- Slides, recordings and resources are available and will be emailed post the session.

For any assistance, email ncmlp@gwu.edu





Health Resources & Services Administration

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to the National Center for Medical-Legal Partnership totaling \$602,314.00 with 0 percent financed with non-governmental sources., and to the Education Center totaling \$625,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

ABOUT THE NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP

Established in 2006, the **National Center for Medical-Legal Partnership** (NCMLP) leads education, research, and technical assistance efforts to help every health organization in the United States leverage legal services as a standard part of the way they respond to social needs.

For more information about NCMLP, please visit www.medical-legalpartnership.org

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

ABOUT THE NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER

The **National LGBTQIA+ Health Education Center** offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
- CE and HEI Credit
- Environmental Influences On Child Health Outcomes (ECHO) Programs
- Publications and Resources

www.lgbtqiahealtheducation.org

FACULTY



Bethany Hamilton

Co-Director
National Center for
Medical-Legal Partnership



Breeze de Jong

Program Manager
National LGBTQIA+ Health
Education Center



Katie Hathaway

Consultant



Sarah Mitnick

Director of Program
Operations
National LGBTQIA+ Health
Education Center

For any assistance, email Reha Manikandasamy, Senior Research Assistant (Data Science), National Center for Medical-Legal Partnership at ncmlp@gwu.edu.



Julian Dormitzer

**Certified Adult-Gerontology Nurse Practitioner
Fenway Health**



Guest Presenter

Let's find out who is in the audience today.

1. What type of organization are you from?

- Health Centers
- Primary Care Association
- Health Center Controlled Network
- Other

**If other, please use the chat to let us know where you are from!*



Poll

What is this Learning Collaborative About?

Prepare for Pride Month 2024 by creating a tool to promote LGBTQIA+ health access and equity!

An engaging four-part Learning Collaborative (LC) designed as a workshop to equip health centers and their partners with the knowledge, skills, and tools needed to address health disparities within the LGBTQIA+ community. Facilitated by the National Center for Medical-Legal Partnership and the National LGBTQIA+ Health Education Center, participants will first learn about the unique health needs and social barriers faced by LGBTQIA+ individuals. Subsequent sessions will focus on screening techniques, addressing health-related social needs, and collaboratively developing a new tool tailored for Pride Month. The LC concludes with a presentation and implementation plan for the developed tool, empowering participants to improve access to care for LGBTQIA+ individuals and aligning their work with objectives for enhancing health equity.



LEARNING OBJECTIVES

1

Gain a better understanding of the unique health disparities faced by the LGBTQIA+ community.

2

Acquire knowledge of effective screening techniques for identifying health related social needs within the LGBTQIA+ population.

3

Develop skills in addressing health-related social needs and barriers to care for LGBTQIA+ individuals.

4

Collaboratively design and create a practical tool aimed at promoting LGBTQIA+ health access and equity for Pride Month 2024.

Gain a comprehensive understanding of the barriers to care experienced by LGBTQIA+ individuals, including discrimination, stigma, and lack of culturally competent healthcare services.

Session 1

Understanding LGBTQIA+ Health Disparities



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



Understanding LGBTQIA+ Disparities

The National LGBT Health Education Center at The Fenway Institute

Julian Dormitzer, AGNP-C

Continuing Medical Education Disclosure

- Program Faculty: Julian Dormitzer, AGNP-C
- Disclosure: I have no affiliations to disclose.

Learning Objectives

This module will enable clinicians to:

1. Define important LGBTQ concepts and terms
2. Understand the distinction between sexual orientation and gender identity
3. Describe how intersecting identities impact LGBTQ people's experiences with health care
4. Describe common medical and behavioral health of LGBTQ people throughout the lifespan

LGBTQIA+ Education and Training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - Webinars, Learning Modules
 - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

www.lgbtqiahealtheducation.org

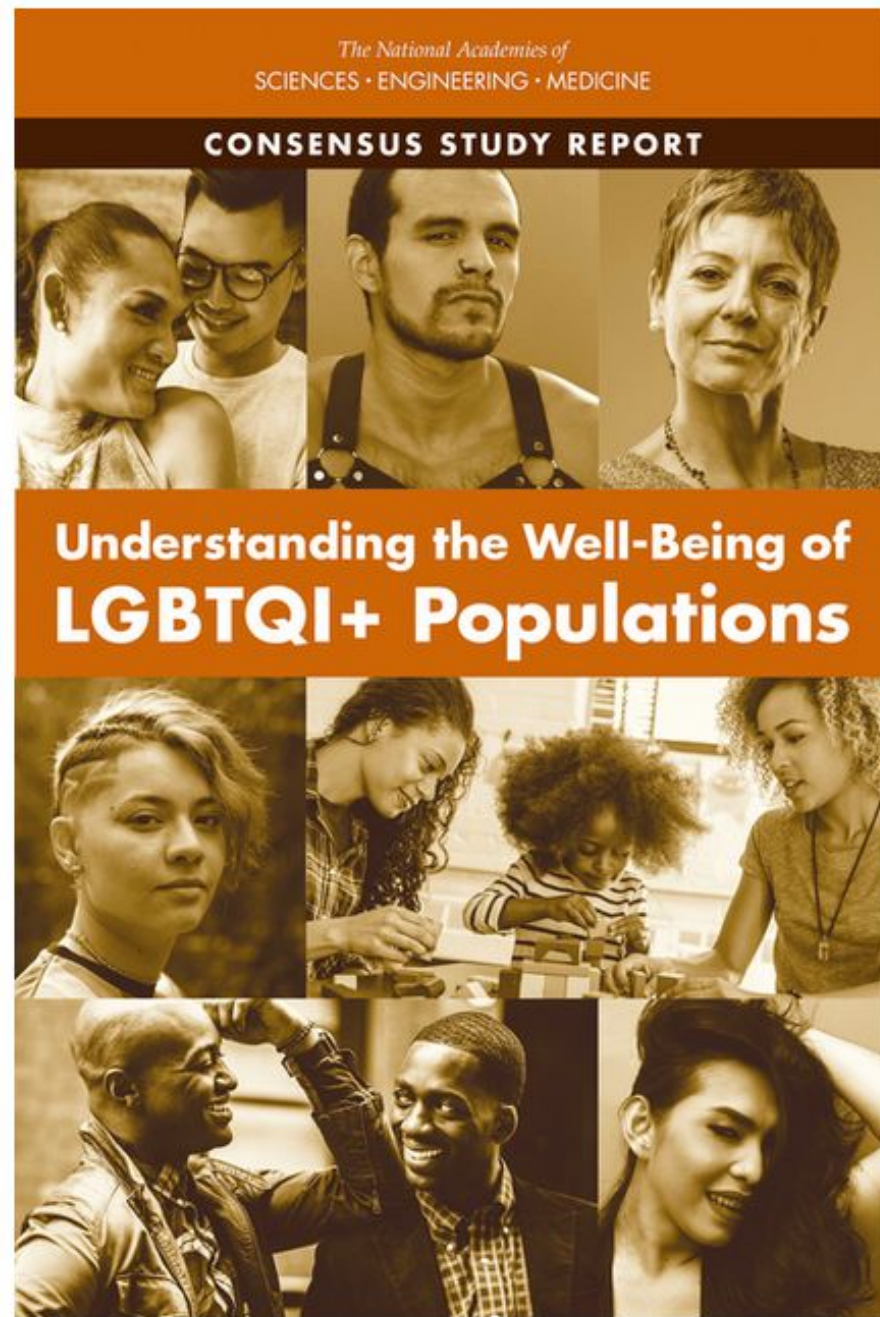


**Creating a Transgender Health Program
at Your Health Center:**

From Planning to Implementation

SEPTEMBER 2018

Why Programs for LGBTQIA+ People?



BOX 1-1 Statement of Task

The Committee on Population (CPOP) of the National Academies of Sciences, Engineering, and Medicine will undertake a consensus study that will review the available data and future research needs on persons of diverse sexualities and genders (e.g., LGBTQ+ and MSM), as well as persons with differences in sex development (sometimes known as intersex), along multiple intersecting dimensions across the life course. Areas of focus will include, but are not limited to, the following:

- Families and social relationships
- Patterns of stigma, violence, and victimization
- Role of community, cultural, educational, healthcare, and religious organizations and institutions
- Civic engagement, political participation, and military service
- Socioeconomic status/stratification, housing, and workforce issues
- Justice and legal systems
- Social change and geographic variations in public attitudes and public policies
- Population health and well-being

From NASEM Consensus Study Report: Understanding the Well-Being of LGBTQI+ Populations (2020)

L, G, B, T, Q, I, A, + Concepts

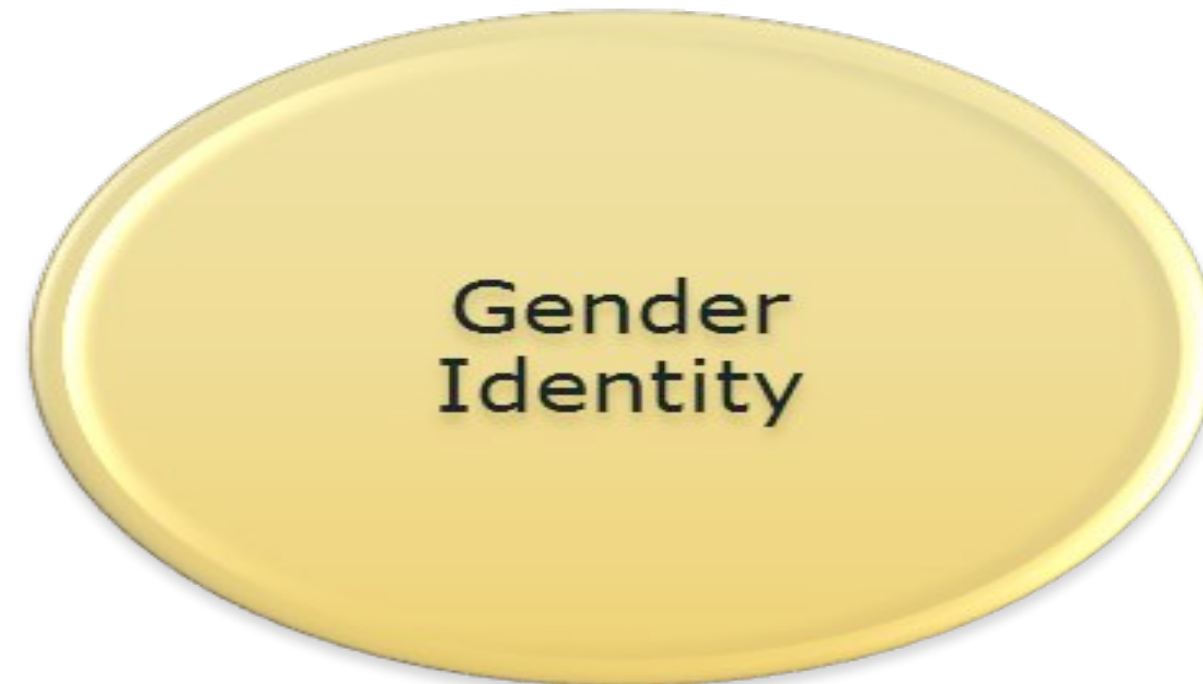


Gender Identity and Sexual Orientation: The Basics



Sexual Orientation and Gender Identity are Not the Same

- All people have a sexual orientation and gender identity
 - How people identify can change
 - Terminology varies
- Gender Identity \neq Sexual Orientation



Gender Identity and Gender Expression

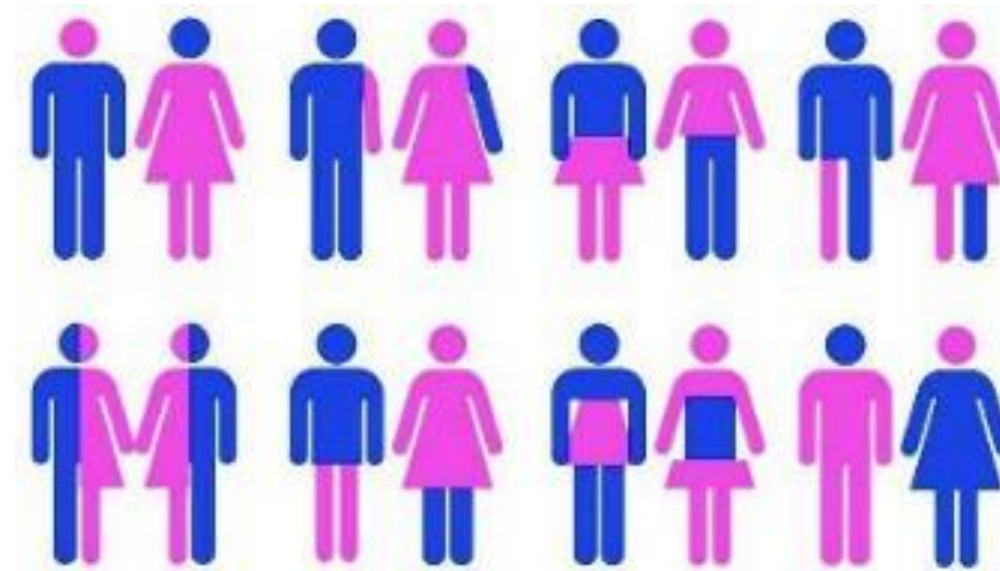
- Gender identity

- A person's internal sense of their gender (do I consider myself male, female, both, neither?)
- 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



A complete glossary of terms is available at www.lgbthealtheducation.org/publication/lgbt-glossary/

The T in LGBTQ: Transgender

- Gender identity not congruent with the assigned sex at birth
- Alternate terminology
 - Transgender woman, trans woman, male to female (MTF)
 - Transgender man, trans man, female to male (FTM)
- Non-binary, genderqueer
 - Genderqueer person
- Transmasculine, Transfeminine
- Gender identity is increasingly described as being on a spectrum

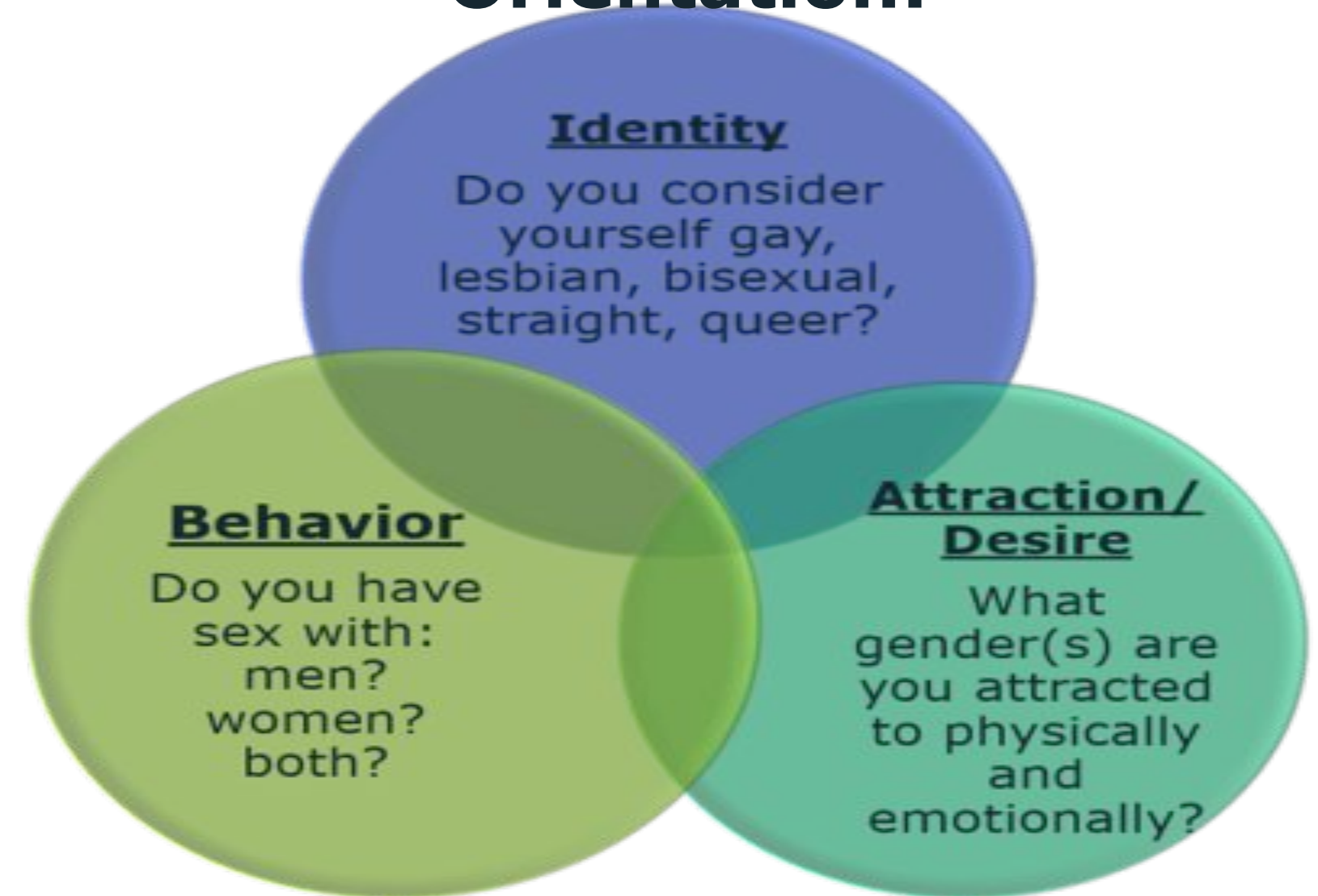
Terminology: Understanding “Transition” or “Affirmation”

- The process of changing from living and being perceived as the gender traditionally associated with the sex assigned at birth (e.g., F or M) to living and being perceived as the individual sees and understands themselves
 - Social affirmation
 - Legal/document changes
 - Medical affirmation
 - Surgical affirmation
- Many prefer the term “gender affirmation” over “gender confirmation”

Sexual Orientation

- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Desire
- 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:



Discordance between Sexual Behavior and Identity

- 2006 study of 4,193 men in NYC (Pathela)
 - 9.4% of men who identified as “straight” had sex with a man in the prior year
 - These men were more likely to:
 - belong to minority racial and ethnic groups
 - be of lower socio-economic status
 - be foreign born
 - not use a condom
- 77-91% of lesbian women had at least one prior sexual experience with men (O’Hanlan, 1997)
 - 8% in the prior year

What Does 'Q' Stand For?

- '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 identify with gay, lesbian or bisexual identities. The term queer is particularly commonly used among younger people, and also used by people of all ages.

Asexual and Aromantic

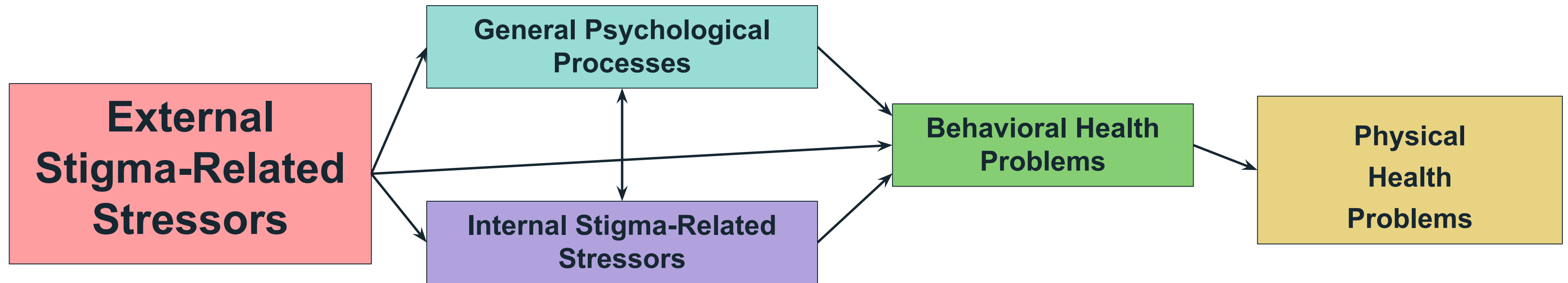
- The “A” in LGBTQIA+ does not stand for Ally
- Asexual: describes someone who has no or conditional sexual attraction to others
- Aromantic: describes someone who has no or conditional romantic attraction to others



A Web of Factors



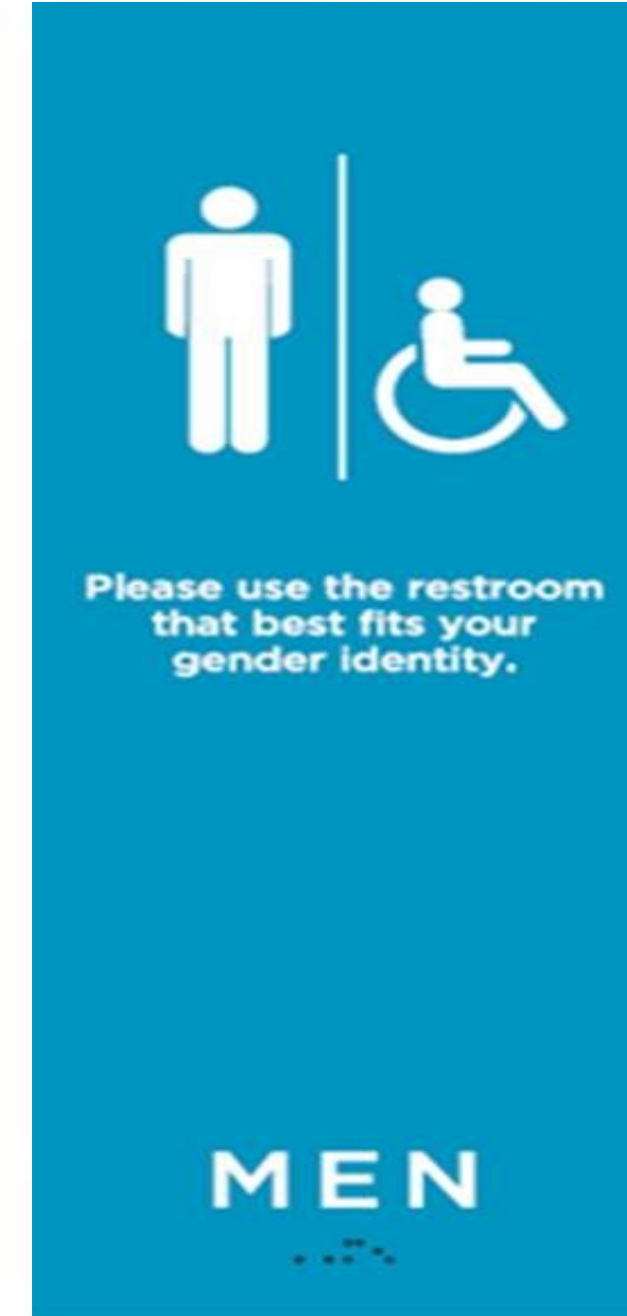
Minority Stress Framework



Adapted from *Hatzenbuehler, 2009*

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.



Interpersonal Stigma



Intrapersonal Stigma:

“...And to the degree that the individual maintains a show before others that they themselves does not believe, they can come to experience a special kind of alienation from self and a special kind of wariness of others.”



Reference available upon request.

Multiple Stigmas

“A gay man has to deal with homophobia. A black man has to deal with racism. But a black gay man will have to deal with homophobia and racism (often at the same time). It is often the case that he will face racism inside the LGBT community and homophobia in the [straight] black community”.



See more at:

<http://www.equality-network.org/our-work/intersectional/#sthash.uUMCTvIX.dp>

uf

www.lgbthealtheducation.org

Resilience in the LGBT Community

Despite the many challenges that LGBT people often face, both internal and community-derived resilience can protect the health and well-being of LGBT people.



Effective Communication: The Whole Team



Avoiding Assumptions

- You cannot assume someone's gender or sexual orientation based on how they look or sound.
- To avoid assuming gender or sexual orientation with new patients:
 - *Instead of:* "How may I help you, sir?"
 - *Say:* "How may I help you?"
 - *Instead of:* "He is here for his appointment."
 - *Say:* "The patient is here in the waiting room."
 - *Instead of:* "Do you have a wife?"
 - *Say:* "Are you in a relationship?"
 - *Instead of:* "What are your mother and fathers' names?"
 - *Say:* "What is your guardian's name?"

Anticipating and Managing Expectations

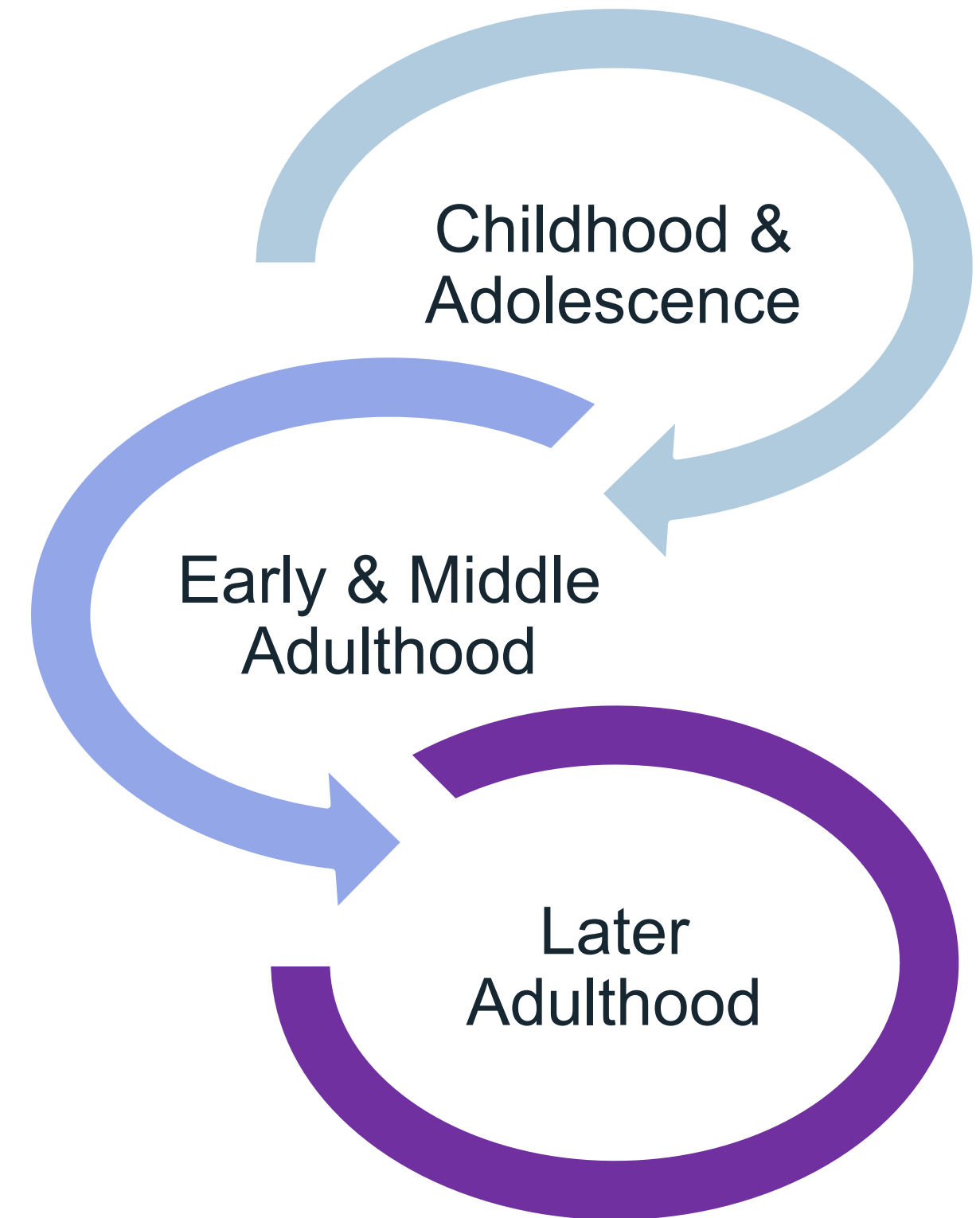
- You are almost certainly not the first health care staff person an LGBTQ individual has met.
- If the patient has experienced insensitivity, a lack of awareness, or discrimination, he or she may be on guard, or ready for more of the same from you.
- Don't be surprised if a mistake, even an honest one, results in an emotional reaction.
- Don't personalize the reaction.
- Apologizing when patients have uncomfortable reactions, even if what was said was well intentioned, can help defuse a difficult situation and re-establish a constructive dialogue about the need for care.

Keeping Up with Terminology

- Obvious “don’ts” include
 - Use of any disrespectful language
 - Gossiping about a patient’s appearance or behavior
 - Saying things about someone not necessary for their care:
 - “You look great, you look like a real woman/ real man!”
 - “You are so pretty I cannot believe you are a lesbian!”

Avoid these Outdated Terms (in English)	Consider these Terms Instead
Homosexual	Gay, lesbian, bisexual, or LGBT
Transvestite; Transgendered	Transgender
Sexual preference; Lifestyle choice	Sexual orientation

Health Issues Throughout the Life Course



Areas for Special Consideration For LGBTQ Patients

- Preventive Health Services
- Advanced Health Directives
- Family and Relationships
- Behavioral Health
- Substance Use
- Safety and Social Stress
- Sexual Health

Disparities among Bisexual People

- Bisexual people report higher prevalence than heterosexual people of:¹²
 - Tobacco use
 - Binge drinking*
 - Anxiety or mood disorders*
 - Depression
 - Suicidality*
 - Rape*
 - Bisexual women, in particular, are:
 - More likely to have never had a cancer screening (mammogram or pap test)*
 - More likely to have experienced intimate partner violence*
 - Have more risk factors for heart disease*
- *Even higher prevalence than lesbian women & gay men

Disparities: Violence

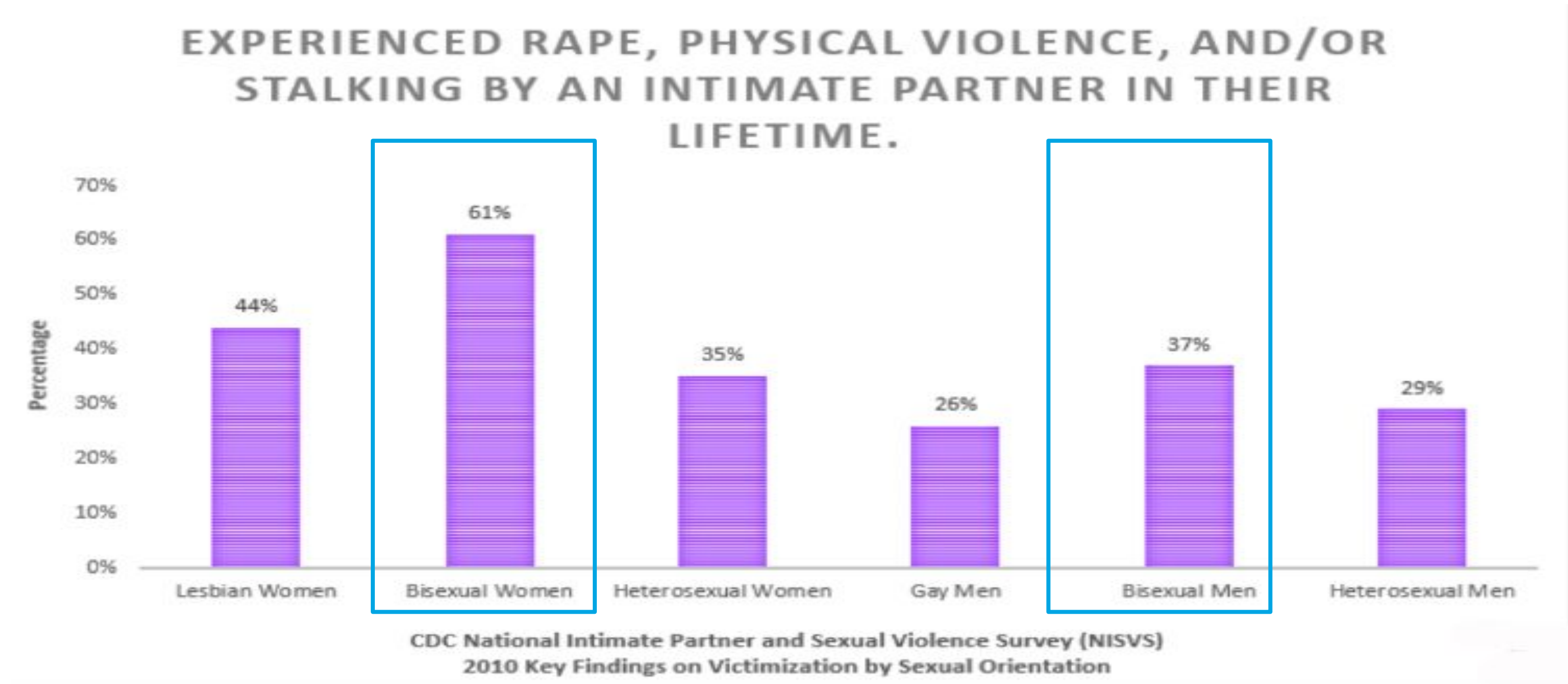


Fig. 6: From The National Intimate Partner and Sexual Violence Survey ¹⁴

Disparities: Degree of “Outness”

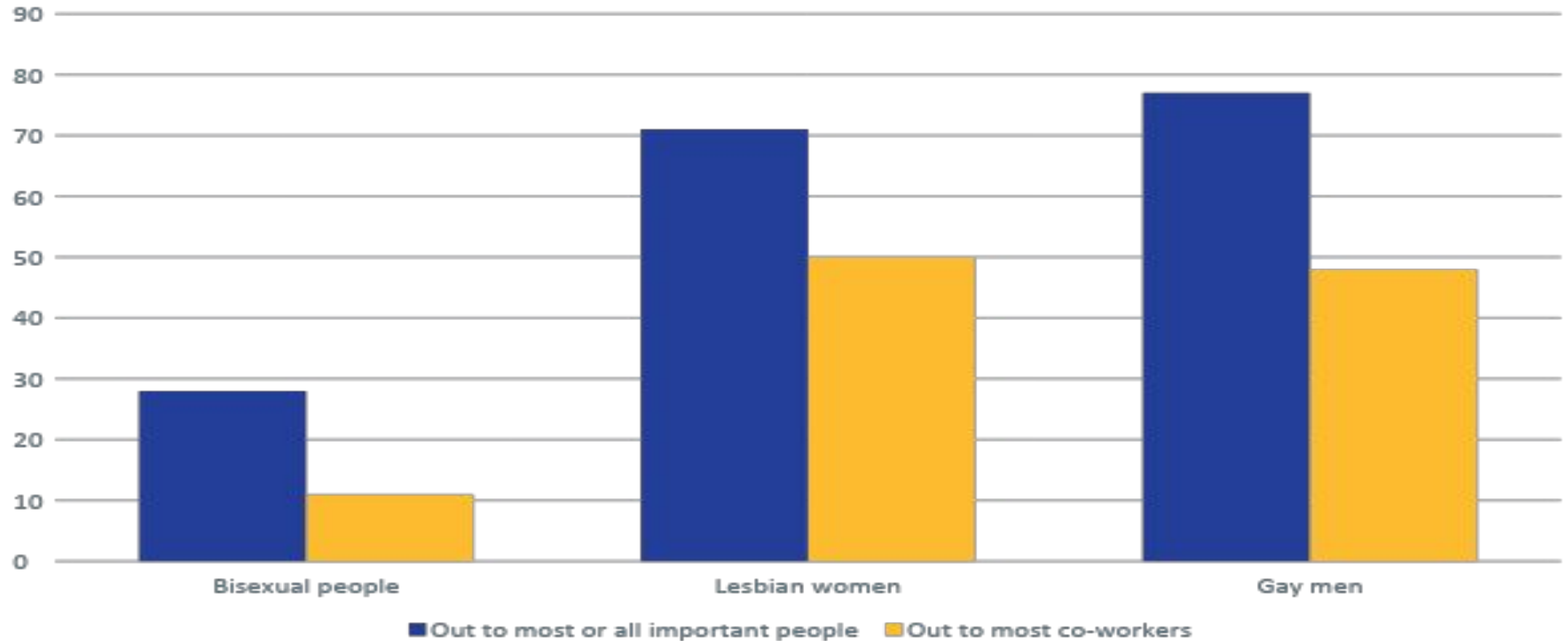


Fig. 7: Adapted from A Survey of LGBT Americans¹⁵

Behavioral Health

- LGBTQ people experience high burden of depression, anxiety, and self harm¹⁶
- LGBTQ people at particular risk for suicidality
- High incidence of trauma in LGBTQ populations
 - GB men are more likely to have experienced childhood sexual abuse
 - Frequently targets of violent victimization
- Mental health system has historically pathologized sexual minorities
 - LGBTQ people may have past negative care experiences
 - Especially important to offer LGBTQ-friendly referrals

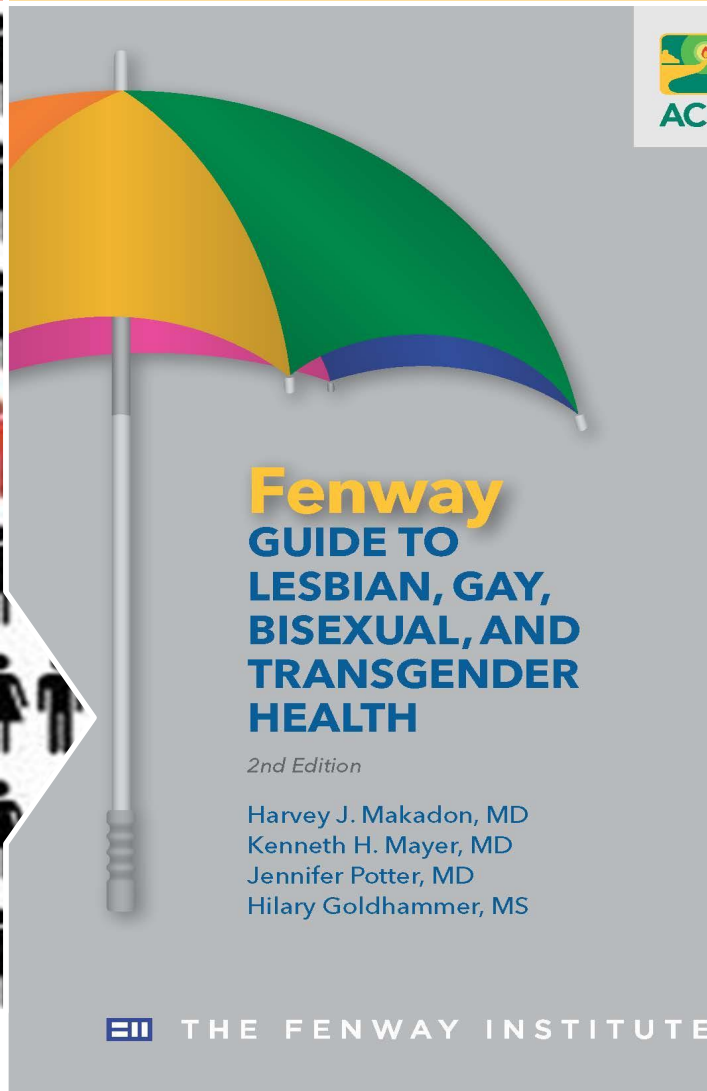
Our Challenge:

Quality Care for All, Including LGBTQ People

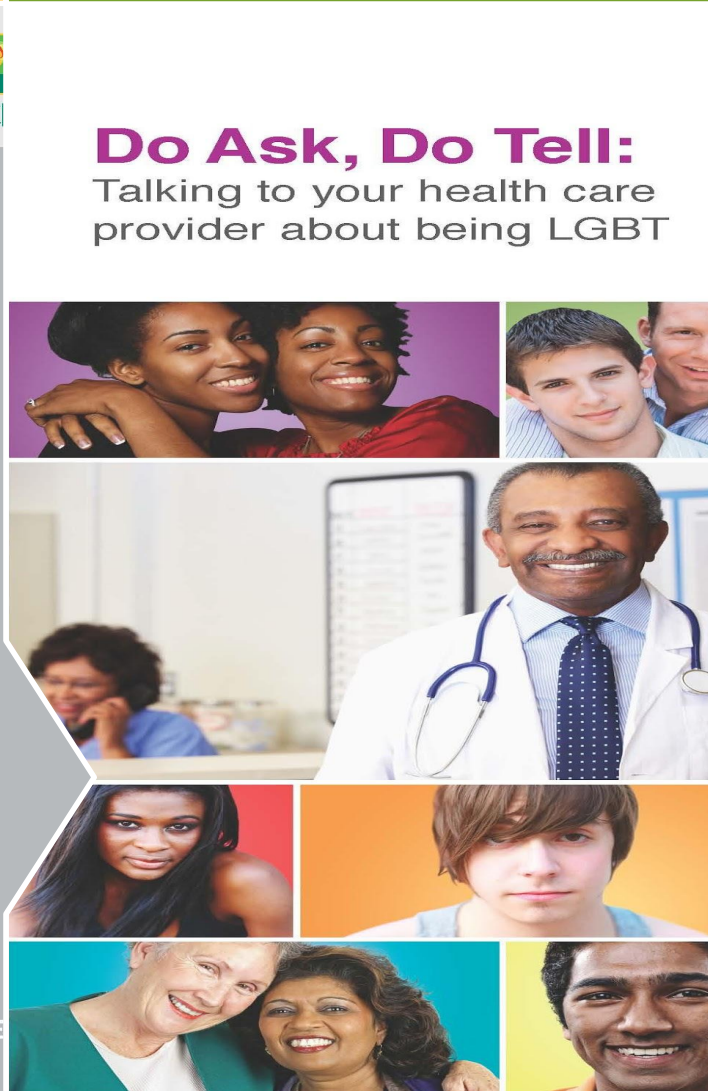
Data Collection



Clinical Education



Consumer Education



Patient Centered Care





Discussion

NEXT SESSION

Session 2

Screening and Addressing LGBTQIA+ Health Needs

May 14, 2024 at 2 - 3 PM ET

Resources

Take a look at our recent publication!

Transgender Health & Medical-Legal Partnerships

<https://www.lgbtqiahealtheducation.org/publications/transgender-health-medical-legal-partnerships/>



Transgender Health & Medical-Legal Partnerships

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Upcoming Trainings at NCMLP!

- MLPs in EMR, the Next Frontier: One System's Success
May 30, 2024 | 1-2.30 PM ET
- Crafting Effective Trainings to Strengthen the Health Center MLP Workforce
June 6, 2024 | 1-2.30 PM ET
- Ditch the Pitch: Building Effective Messaging for Different Medical-Legal Partnership Audiences
June 13, 2024 | 1-2.30 PM ET

Learn more about our upcoming learning opportunities here
<https://medical-legalpartnership.org/learning-opportunities/>

A graphic for a webinar series. The top half has an orange background with white text: "HEALTH CENTER MLP PLANNING, IMPLEMENTATION & PRACTICE WEBINAR SERIES". To the right is an illustration of a blue house with a white cross on its roof, a large blue figure in front, and a line of smaller blue and orange figures. Below this is a dark blue bar with "FEBRUARY - JUNE 2024" in orange. The bottom section is orange with logos for Texas A&M Health Institute for Healthcare Access and National Center for Medical Legal Partnership at The George Washington University.

**HEALTH CENTER MLP
PLANNING,
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FEBRUARY - JUNE 2024

TEXAS A&M HEALTH
Institute for
Healthcare Access

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

Upcoming Trainings at National LGBTQIA+ Health Education Center!

- HIV Treatment, Suppression, and Patient Adherence - Learning Collaborative

Session dates:

- May 21st, 1-2 PM EST
- May 28th 1-2 PM EST
- June 4th 1-2 PM EST
- June 11th 1-2 PM EST

Register:

https://us02web.zoom.us/webinar/register/WN_GjbA9ob9QiuAkMlxrVJR9g#/registration





THANK YOU

Please help us improve future sessions by completing our short evaluation!

<https://www.surveymonkey.com/r/3Y6WSM2>