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LGBTQ CULTURAL COMPETENCE

# Improving care to the LGBTQ community



OBJECTIVES

## The objectives for this webinar

1. Explain the importance of identifying LGBTQ patients/clients.
2. Discuss benefits of valuing the diversity within the LGBTQ community.
3. Explain the link between discrimination and health.

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UNIT II

## THE BASICS

The components of our  
gender and sexual  
identities

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WHY DO WE NEED TO KNOW WHO OUR  
LGBTQ CLIENTS AND PATIENTS ARE?

- \* Improve service delivery
- \* Increase knowledge
- \* Encourage trust

Patients/clients who don't  
come out to their providers are  
more likely to **LIE** or **LEAVE**.

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continued™ WE ARE EVERYWHERE

There are more than **9 MILLION**  
**LGBTQ people** in the United  
States. It's fair to assume you  
see LGBTQ people regularly.

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continued™ WHY DON'T WE KNOW THEM?

**Most forms don't permit disclosure, you can't tell by  
looking,**

...and we rarely **ask.**

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## CONTINUED™ WHO TOLD THEIR PROVIDER?

- \* **45%** of transgender patients have **not** told their family physician that they are transgender
- \* **24%** of LGBT adults said they had **deliberately withheld** information about their sexual practices from their doctor or other health care professional
- \* While **70%** of lesbians **disclosed** their sexual orientation to their provider, only 29% **were asked** by their provider

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## CONTINUED™ NYC GAY AND BISEXUAL MEN DOWN LOW

### Characteristics of men who have sex with men

### % have not disclosed to doctor

Overall	39%
White	19%
Black	60%
Hispanic	48%
Asian	47%
Self-identified as homosexual	22%
Self-identified as bisexual	100%

**100%** of the  
bisexual men  
in this study  
did **NOT** come  
out to their  
doctor

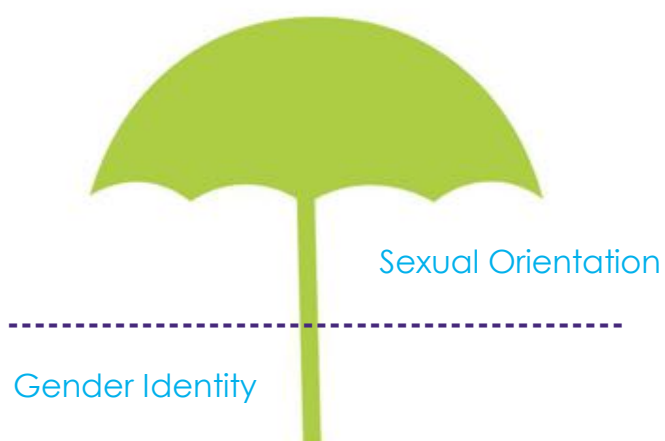
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continued™ WHOSE RESPONSIBILITY IS IT?

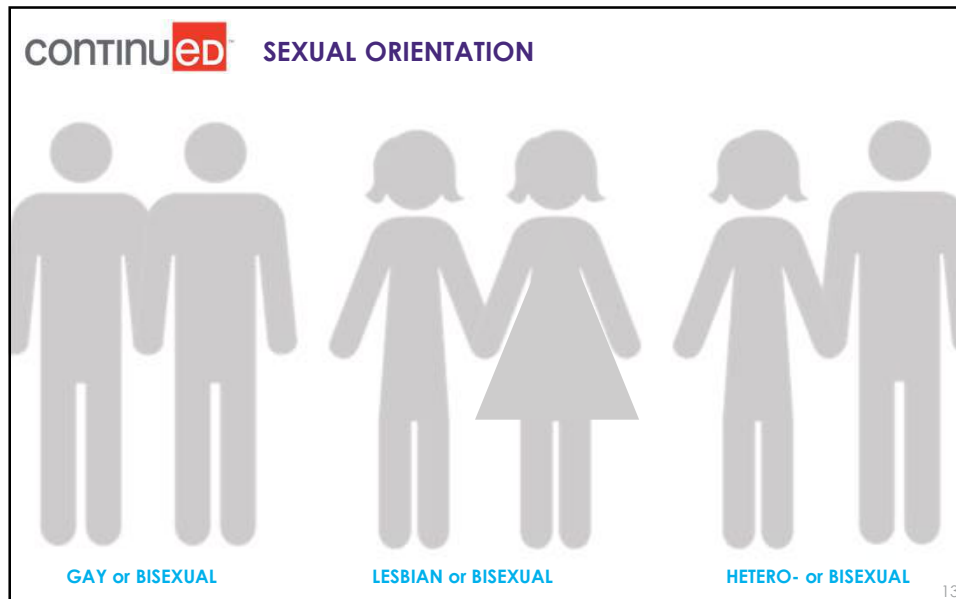
It's **YOUR JOB** to find out who is LGBTQ. It's your job to **make it SAFE**, and your job to **ASK EVERYONE**.

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continued™ WHAT LGBTQ STANDS FOR



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CONTINUED<sup>ed</sup>™ SEXUAL ORIENTATION

- \* **LESBIAN** an identity label for women who have primary sexual, romantic and relational ties to other women.
- \* **GAY** an identity label for men who have primary sexual, romantic and relational ties to other men.
- \* **BISEXUAL** an identity label for people who are attracted to people of the same gender and different genders.

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CONTINU<sup>ed</sup>™ BEHAVIOR VS. IDENTITY

**9.4% of men who identified as “straight” had sex with another man in the prior year.**

They were more likely to...

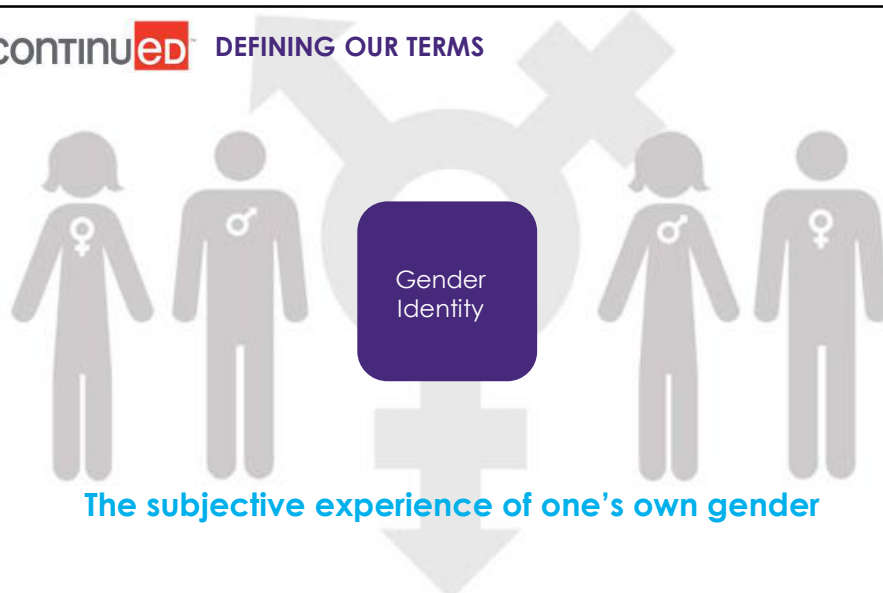
- Belong to minority racial/ethnic groups
- Be of lower socio economic status
- Be foreign born
- Not use a condom

**77-91% of lesbians had at least 1 sexual experience with men**

8% in the prior year

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CONTINU<sup>ed</sup>™ DEFINING OUR TERMS



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## CONTINUED™ GENDER IDENTITY

The persistent internal sense of being a man or a woman or some other gender.

- We all have a gender identity
- For **cisgender** people, this gender identity matches the sex assigned at birth

**Transgender** people have a gender identity that does not match the sex assigned at birth.

- Our gender identity may or may NOT match our appearance, our body, or others' perceptions of us

**There are approximately 1.4 million transgender people living in the United States.**

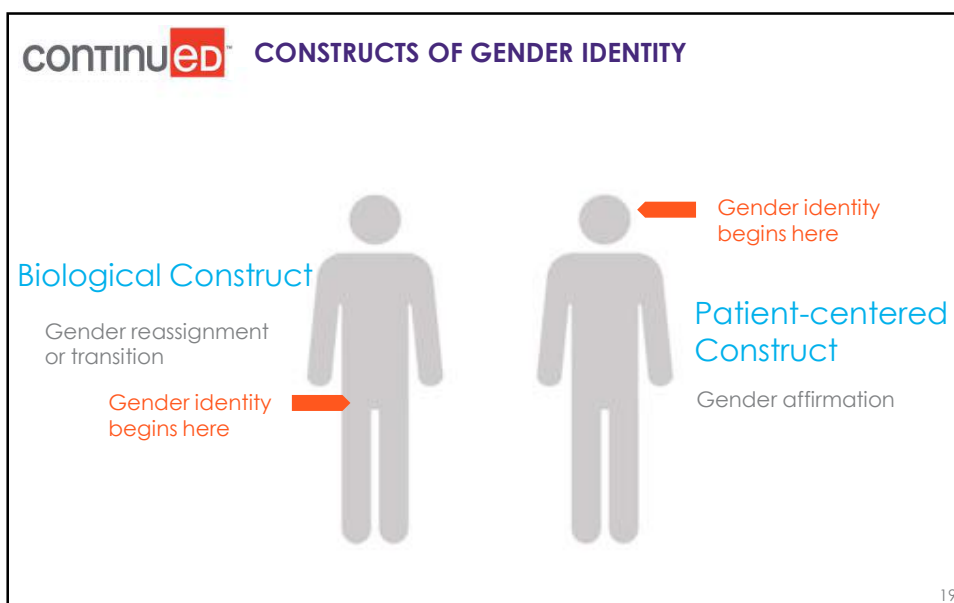
17

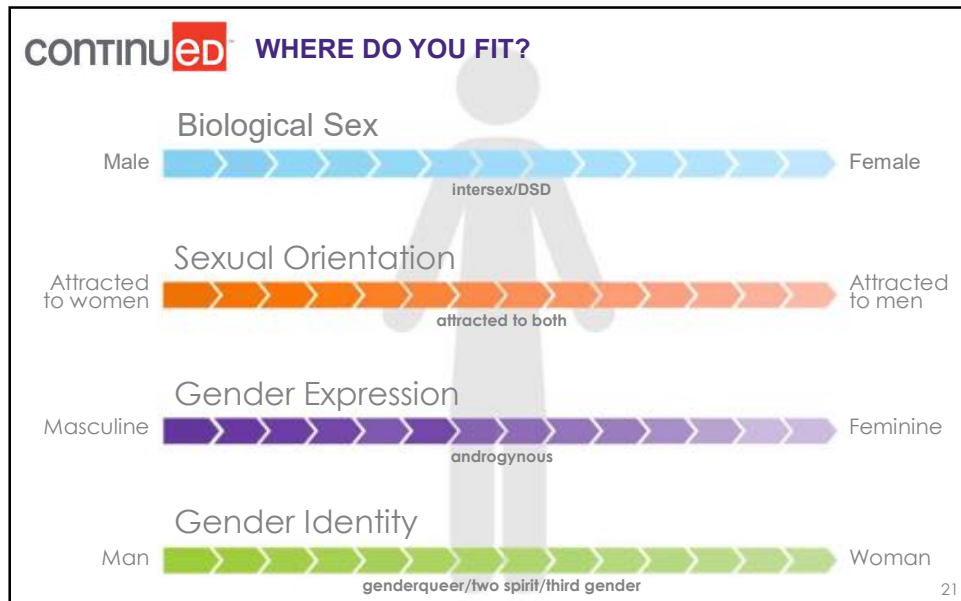
## CONTINUED™ TRANSITION

**TRANSITION** is the process of changing one's gender presentation to match one's internal sense of gender

- \* **Transgender people may decide to transition at any age**
- \* **Not all transgender people wish to transition completely to the other sex**
- \* **They may or may not change their name/pronouns**
- \* **They may or may not use hormones or surgery**

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**continued**™

UNIT III

# INTERSECTIONALITY

Diversity within the  
community

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**continued** THE MULTIPLE FACETS OF A SINGLE IDENTITY

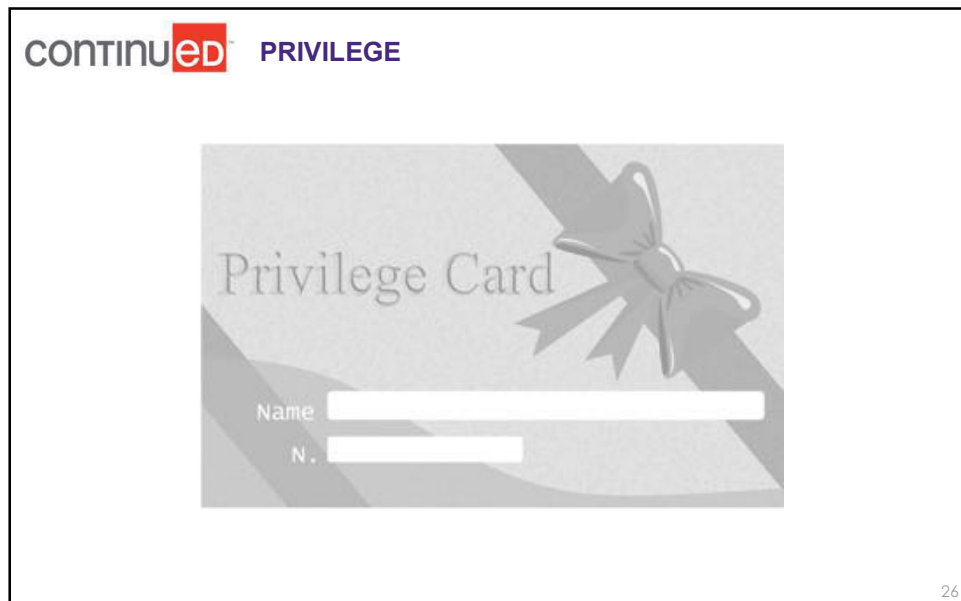
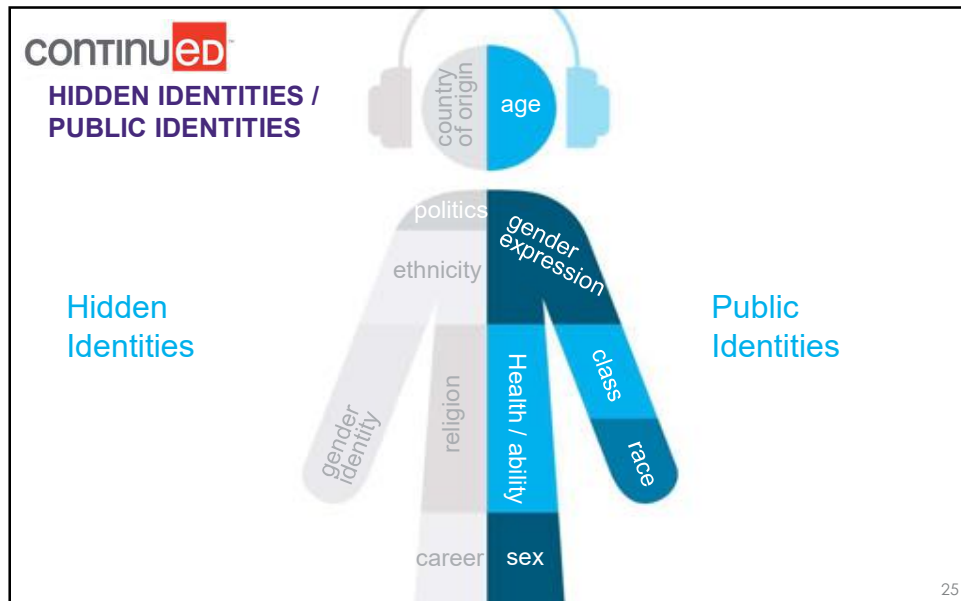
Everyone's **IDENTITY** is made up of different components.

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**continued** THE MULTIPLE FACETS OF MY IDENTITY

- Race
- Age
- Health/Ability
- Culture
- Country of Origin
- Gender Identity
- Sexual Orientation
- Appearance
- Ethnicity
- Politics
- Income
- Work
- Religion

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CONTINUED™

## PRIVILEGE

Category / Status	Level of Privilege
Age	Low ..... High
Education	Low ..... High
Gender identity	Low ..... High
Gender expression	Low ..... High
Immigration status	Low ..... High
Race	Low ..... High
Religion	Low ..... High
Sexual orientation	Low ..... High
Skin color	Low ..... High
Socio-economic class	Low ..... High

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CONTINUED™

## Privilege and Discrimination in One Man's Life

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CONTINUED™



The National Institutes of Health defines health disparities as:  
"The difference in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exists among specific population groups in the United States."

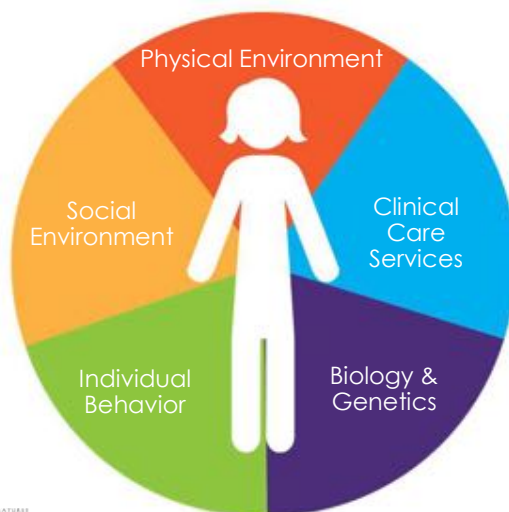
UNIT IV

# HEALTH DISPARITIES

We are not at equal risk for disease



## SOCIAL DETERMINANTS OF HEALTH



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## CONTINUED™ DISCRIMINATION HEALTH

- LGB respondents in states without protective policies were **5X** more likely than those in other states to have 2 or more mental disorders.
- LGB people who had experienced “prejudice-related major life events” were **3x** more likely to have suffered a serious physical health problem over the next year, regardless of age, gender, employment and even health history.
- LGB people who live in communities with high levels of anti-gay prejudice die 12 years earlier than their peers in other communities.

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## CONTINUED™ PHYSICAL ENVIRONMENT

### LGBTQ Math...

Low income and/or lack of insurance  
+ Homophobia and/or transphobia

---

Greater health disparities

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## CONTINUED™ TRANSGENDER DISCRIMINATION

### Snapshots of transgender life



The National Transgender Center for Equality surveyed 6,450 transgender individuals in the US. Full results are available at [transequality.org](http://transequality.org).



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## CONTINUED™ CLINICAL CARE SERVICES

### HEALTH DISPARITIES CAUSED BY ACCESS TO CARE BARRIERS

### Lack of provider knowledge about LGBTQ health

- Average number of hours dedicated to LGBT health in an **entire** medical school education: 5
- Between 2005-2009, only 1% of the articles published in nursing journals focused on LGBT health (8 out of 5000)
- Without explicit teaching about LGBT issues, physicians and medical students will reflect the same extent of homophobia and heterosexism as exists in the broader society
- 50% of transgender people had to teach their medical provider about transgender care



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CONTINU<sup>ed</sup>™ MEDICAL SCHOOL BIAS TODAY

**80%** of 1<sup>st</sup> year medical students expressed implicit bias against lesbian/gay people.

Nearly **50%** expressed explicit bias

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CONTINU<sup>ed</sup>™ QUICKLY! WHICH LINE IS **LONGER**?



continued™ WHAT DO YOU SEE?



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continued™ CLINICAL CARE SERVICES  
HEALTH DISPARITIES FACED BY THE TRANSGENDER COMMUNITY

When surveyed, **transgender Americans** report experiencing discrimination in hospitals or doctor's offices.



Report being  
harassed or  
disrespected

**37%**

**3%**

Report being  
physically  
assaulted

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**75%** of lesbians report delaying/avoiding healthcare

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## INDIVIDUAL DETERMINANTS OF HEALTH

Individual behaviors that impact LGBTQ health:



Tobacco

Drugs

HIV

Alcohol

STI

Obesity / Eating disorders

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## CONTINUED™ LGBTQ TOBACCO STATS

Smoking is the LGBT community's biggest health burden

**20%**  
U.S.  
Population

**33%**  
LGBT Population

LGBT people smoke cigarettes at rates that are than **63% HIGHER** the rest of the population

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## CONTINUED™

### ALCOHOL & DRUG USE

In some studies, alcohol **abuse rates were 3X HIGHER** than in the mainstream population.

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## SEXUALLY TRANSMITTED INFECTIONS

HIV / HPV / SYPHILIS

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## EATING DISORDERS AND OBESITY



◀ Gay and bisexual men

Lesbians ▶

Gay males are **7X** more likely to report bingeing and **12x** more likely to report purging than heterosexual males.

Gay men represent **5%** of the total male population, but **42%** of males with eating disorders identify as gay.

Lesbians have a higher prevalence of overweight and obesity than all other female sexual orientation groups, putting them at greater risk for morbidity and mortality.

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## CONTINUED™ MENTAL HEALTH

- \* LGBTQ people are at elevated risk for depression, anxiety, and suicidality
- \* LGB youth are **4X** more likely to attempt suicide
- \* **47%** of transgender people have attempted suicide

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## CONTINUED™ CANCER

### Disparities across the cancer continuum

- Increased cancer risks
- Lower cancer screening rates
- Increased challenges in survivorship

*Robin Roberts image courtesy of ABC News*

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continued<sup>™</sup> PROTECTIVE FACTORS



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continued<sup>™</sup>

UNIT V

# BEYOND DIVERSITY

Creating a welcoming  
environment

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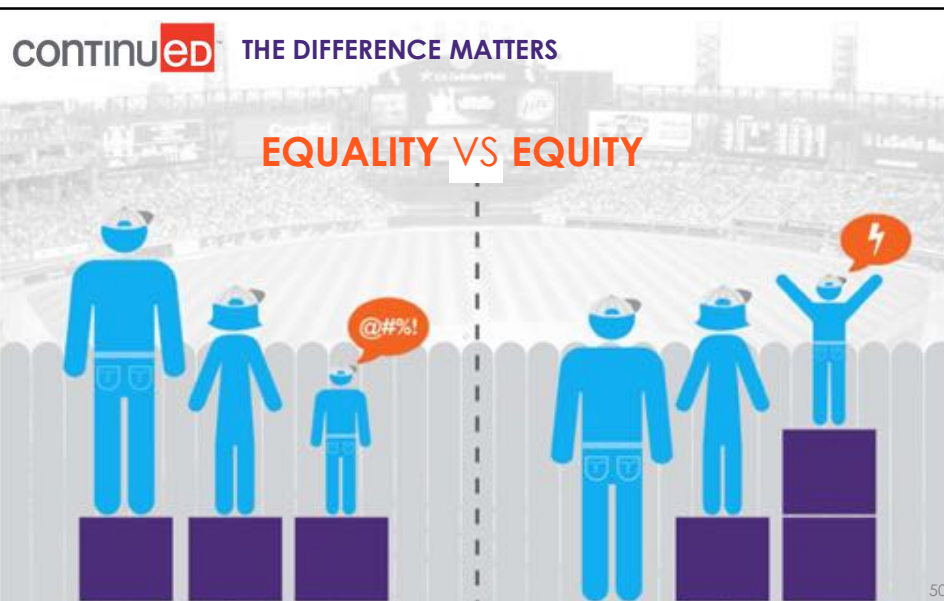


CONTINU<sup>ed</sup>™ CREATING A WELCOMING ENVIRONMENT

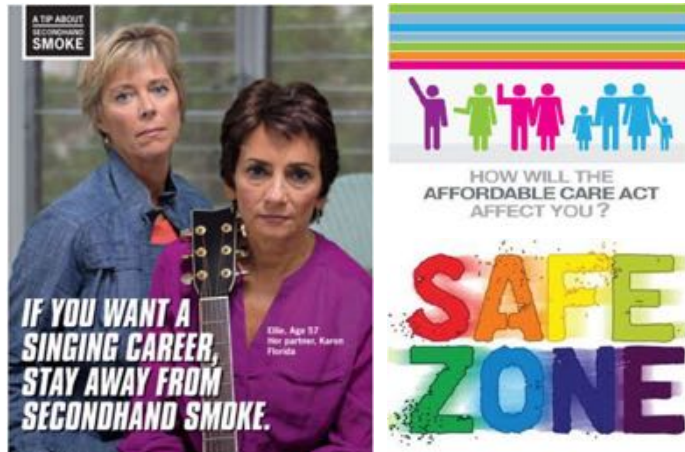
**“Diversity is inviting everyone to the party.  
Inclusion is asking them for a dance.”**

*Moving Diversity Forward: How to Go From Well-Meaning  
to Well-Doing, by Verna A. Myers (American Bar Association, 2011)*

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continued™ FIRST IMPRESSIONS MATTER



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continued™ HOW TO BUILD TRUST IN YOUR ORGANIZATION

- \* **Co-brand** with LGBTQ trusted groups
- \* **Promote** your organization through LGBTQ media channels
- \* **Include** LGBTQ goals in your action plans
- \* **Give grants** to LGBTQ agencies
- \* **Conduct** an LGBTQ needs assessment

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continued™ FOLLOW THROUGH WITH THE WELCOME

Create inclusive spaces:

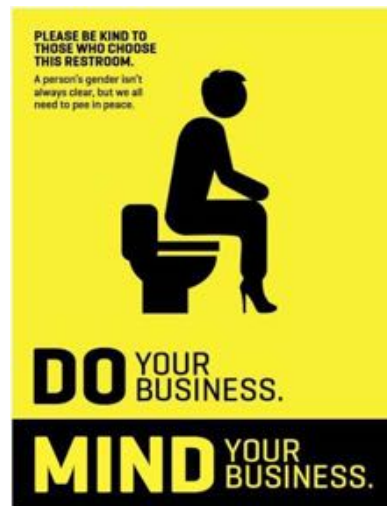
**Gender neutral bathrooms** are not just kind, they **OFFER SAFETY** to transgender and gender nonconforming people.



GENDER NEUTRAL  
BATHROOMS

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continued™ [WWW.BATHROOM.SUPPORT](http://WWW.BATHROOM.SUPPORT)



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continued<sup>™</sup> FORMS

If you can't change the form, **CHANGE YOUR USE OF IT.**

Legal last name:		Legal first:	
Chosen first name (if different):			
Sex listed in insured's health insurance plan: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Sex Assigned at Birth:		Sexual Orientation:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Lesbian	
Gender Identity:		<input type="checkbox"/> Gay	
<input type="checkbox"/> Male/Man		<input type="checkbox"/> Bisexual	
<input type="checkbox"/> Female/Woman		<input type="checkbox"/> Queer	
<input type="checkbox"/> TransMale/Transman		<input type="checkbox"/> Straight	
<input type="checkbox"/> TransFemale/Transwoman		<input type="checkbox"/> Something Else	
<input type="checkbox"/> Genderqueer/Gender nonconforming		<input type="checkbox"/> Decline to Answer	
<input type="checkbox"/> Something Else		Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Decline to Answer		Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated annual household income for this year:			

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continued<sup>™</sup> IT'S OK TO FEEL AWKWARD AS YOU LEARN

If this seems  
AWKWARD,  
it's me, not you.

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CONTINUED™ IT'S OK TO MAKE MISTAKES

Stepping on toes is the **unintentional pain** caused by a **NEWFOUND WILLINGNESS** to be **close** with people who are **different**.

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CONTINUED™

C3 Cultural Competency  
Coordination

## QUESTIONS?

- Email: [liz@cancer-network.org](mailto:liz@cancer-network.org)
- [www.cancer-network.org](http://www.cancer-network.org)

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