Quality Healthcare for Sex and Gender Minority (LGBTQ) Patients
Understanding the Importance of Sex and Gender
Part I: Goals

1. Learn about health disparities that affect LGBTQ/SGM populations.
2. Understand some of the causes of these disparities.
3. Understand sex and gender and how they are relevant to health care.
4. Understand steps we can take to improve health equity for SGM populations.
5. Create a safe space to ask questions you’ve always wanted to ask.
Lack of Data

- We can only estimate the full extent of LGBT disparities due to a consistent lack of data collection on sexual orientation and gender identity. No federal health survey includes a question on sexual orientation or gender identity, and only a few states ask respondents their sexual orientation or gender identity, severely limiting researchers’ ability to fully understand the LGBT population’s needs and hindering the development of public policies and programs that seek to improve the LGBT population’s health and well-being.

from CAP Study “How to Close the LGBT Health Disparities Gap.”
Jeff Krehely December 21, 2009
Health Disparities

» Areas of Disparities

1. Access to health care and health insurance.
2. Physical health and well-being.
3. Mental health and well-being.
4. Tobacco, alcohol and other substance use.
Health Disparities

1. Access to Health Care and Insurance

• LGBT individuals are less likely than heterosexual, cisgender people to have health insurance. (Cisgender: The opposite of transgender. Some whose gender identity matches his/her/their sex assigned at birth)

• LGB individuals are more likely to delay or not seek medical care.

• LGB individuals are more likely to delay or not fill a prescription for a needed medication.

• LGB individuals are more likely to receive health care services in emergency rooms.
Health Disparities

2. Health and Well-being

- LGBT individuals are less likely than heterosexual, cis-gender people to report having excellent or very good overall health.
- Lesbians and bisexual women are less likely to receive mammograms.
- The overall rate of cancer is higher for LGB adults.
- LGB youth are much more likely to be threatened or injured by a weapon in school.
- LBG youth are much more likely to be in fights that require medical treatment.
- LGB youth are more likely to be overweight.
3. Mental Health and Well-being

- LGBT adults are more than twice as likely to experience psychological distress.
- LGB adults are more than twice as likely to need medication for emotional health.
- LGB youth are more than three times as likely to attempt suicide as their heterosexual, cisgender peers.
- LGB adults are more than twice as likely to consider suicide.
- Transgender adults are 10-20 times more likely to consider suicide.
Health Disparities

4. Tobacco, Alcohol and Other Substance Use

• LGB adults are more likely than heterosexual, cisgender adults to have problems with alcoholism and binge drinking.

• LGB youth and adults are much more likely to smoke cigarettes than their heterosexual, cisgender peers. In New Mexico, smoking rates are almost double among LGBTQ populations.
Counting LGBTQ Adults in New Mexico

In 2016-2017:

- **3.9%** of adults identified as lesbian, gay, or bisexual – that’s about 62,800 adults in NM
- **0.7%** identified as transgender/gender non-conforming – that’s about 11,300 adults in NM (NEW data!)
- **74,100+** LGBTQ adults in NM
Counting LGBTQ HS Youth in New Mexico

Sexual Orientation

- **11.6%** of HS youth identify as lesbian, gay, or bisexual
- **4.9%** are ‘not sure’ of their sexual orientation
- **16.5%** total are LGB or not sure
- **18,400+** LGBQ youth in NM

Gender Identity (NEW!)

- **3.4%** identify as transgender, genderqueer, or genderfluid
- **2.9%** are ‘not sure’ of their gender identity
- **6.3%** are trans/genderqueer/genderfluid or not sure
- **7,100+** trans/genderqueer/genderfluid/unsure youth in NM
Health Inequities by Sexual Orientation among NM Adults, 2016-2017

<table>
<thead>
<tr>
<th>Health Inequity</th>
<th>Percent of Adults</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to afford healthcare</td>
<td>Straight</td>
<td>13</td>
<td>21.5</td>
</tr>
<tr>
<td>Cigarette smoking</td>
<td>Straight</td>
<td>16.8</td>
<td>26</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>Straight</td>
<td>14.5</td>
<td>21.8</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>Straight</td>
<td>5.5</td>
<td>18.6</td>
</tr>
<tr>
<td>Sexually assaulted</td>
<td>Straight</td>
<td>7.6</td>
<td>20.3</td>
</tr>
</tbody>
</table>

2016-17 BRFSS

Legend:
- Straight
- LGB
Health Inequities by Gender Identity among NM Adults, 2016-2017 (NEW!)

- Income < $25,000:
  - Cisgender: 39.3%
  - Transgender: 57.6%

- Unable to afford healthcare:
  - Cisgender: 13.3%
  - Transgender: 26.6%

- Attempted suicide:
  - Cisgender: 6.0%
  - Transgender: 19.0%

- Sexually assaulted:
  - Cisgender: 8.1%
  - Transgender: 23.4%

2016-17 BRFSS
Health Inequities by Sexual Orientation among NM High School Youth, 2017

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Straight</th>
<th>LGB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unstable housing</td>
<td>5.5</td>
<td>14.9</td>
</tr>
<tr>
<td>Smoking</td>
<td>8.7</td>
<td>19.2</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>10.3</td>
<td>14.4</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>6.8</td>
<td>24.8</td>
</tr>
<tr>
<td>Sexually assaulted</td>
<td>5.9</td>
<td>19.9</td>
</tr>
<tr>
<td>Bullied at school</td>
<td>16.9</td>
<td>28.8</td>
</tr>
</tbody>
</table>

2017 YRRS
Health Inequities by Gender Identity among NM High School Youth, 2017 (NEW!)

- Unstable housing
- Attempted suicide
- Cigarette smoking
- Binge drinking
- Sexually assaulted
- Bullied at school

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cisgender</th>
<th>Trans, Genderqueer, Genderfluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unstable housing</td>
<td>3.9%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>8.0%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Cigarette smoking</td>
<td>8.9%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>3.8%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Sexually assaulted</td>
<td>7.1%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Bullied at school</td>
<td>17.1%</td>
<td>32.4%</td>
</tr>
</tbody>
</table>

2017 YRRS
The Harsh Reality – Trans Experience

» National Center for Transgender Equality

» 2015 U.S. Transgender Survey:

» ● Disproportionate discrimination and violence in all areas

» ● 30% reported experiencing homelessness at some point

» ● 12% within prior year - because of transgender status

» ● 3x the unemployment of the general population

» ○ 4x unemployment for people of color

» Trans people of color experience the most violence and discrimination

» (http://www.ustranssurvey.org)
Other Studies

• The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.
  
  Source: Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities; Board on the Health of Select Populations; Institute of Medicine.

• New Mexico’s Progress in Collecting Lesbian, Gay, Bisexual and Transgender Health Data and Its Implications for Addressing Health Disparities.
  
Sex and Gender

» What you need to know

1. (Biological) Sex (Assigned at Birth)
2. Gender (Identity)
3. Gender Expression
4. Sexual Orientation
5. Behavior
Sex (assigned at birth)

- Transgender people often prefer “sex assigned at birth” to “biological sex,” “Male-to-female/Female-to-male,” or “born a boy/girl.”
- ● Male
- ● Female
- ● Intersex (Formerly hermaphrodite)
Sex

1. Variations in Sex

- Based on physical characteristics, including the internal and external reproductive system of the individual and genetics.
- About 1 in 100 to 200 births result in a child whose body differs from “standard” male and female.
- About 1 or 2 in 1,000 people have surgery to “normalize” the appearance of their genitals.
- About 1 in 1,666 births result in a child whose genetic makeup is neither XX nor XY.
- Many transgender people prefer the term “Assigned Sex at Birth” because it recognizes that sex is assigned by others.
(Inter) Sex

» Intersex people are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies.

» Intersex is an umbrella term used to describe a wide range of natural bodily variations. In some cases, intersex traits are visible at birth while in others, they are not apparent until puberty. Some chromosomal intersex variations may not be physically apparent at all.

» According to experts, between 0.05% and 1.7% of the population is born with intersex traits—the upper estimate is similar to the number of red haired people.

Gender (Identity)

2. Gender

- One’s psychological sense of oneself as male or female.
- A person’s gender may or may not coincide with their biological sex.
- Some people identify as neither male nor female or as both male and female. These individuals may use the term “queer” or “gender queer”.
- Some cultures have gender categories in addition to “male” and “female” with associated terms.
- Gender is a social construct. What is seen as “male” work, dress, etc. by one society may be seen as “female” or neutral in another.
Gender

» It’s not about assigning boxes

» ● Being Transgender does not mean that you are assigned a label or category or that you wish to conform to the gender binary.

» ● Many people, especially younger urban transgender people, are embracing identity terms like genderqueer, gender fluid, bi-gender, tri-gender, etc.
3. Gender (Expression)

• Any and all mannerisms, personal traits, etc. which serve to communicate a person’s identity and personality as they relate to gender and gender roles.

• Masculine, feminine, and androgynous gender expressions can be present in people of any sex or gender identity, even though they are often associated with men, women, and non-binary genders respectively.

• Gender is culture-specific, a trait or behavior that reads as “male” or “masculine” in one culture may be seen as “female” or “feminine” in another.

• An individual’s gender expression may vary from day to day or from one social context to another.
4. Sexual Orientation

• The desire for intimate emotional and/or sexual relationships with people of the same gender (homosexual, lesbian, gay), the other gender (straight, heterosexual), either of the binary genders (bisexual,) or all genders (pansexual.)
Sex and Gender

5. Behavior

- You cannot predict a person’s behavior based on Sex, Gender Identity, Gender or Expression.
- Don’t make assumptions.
- Ask all people all questions in a non-confrontation way and be open to all possible answers. This will help you get the information you need to provide appropriate care.
Where do I fit?
What are the causes of the disparities affecting SGM individuals?
What are the causes of the disparities affecting SGM individuals?

» 1. Minority Stress and Micro-aggressions
» 2. Previous Bad Experiences with Healthcare.
» 3. Stories shared in the community.
» 5. Lack of Provider and Support Staff Training and Preparedness.
Therapeutic Concerns of SGM People.

» Relationship issues with a partner who is transitioning

» Parents struggling with how to support their child whose gender identity doesn't match their sex assigned at birth; whose gender expression doesn’t match their sex assigned at birth or gender identity; or whose sexual orientation is other than heterosexual.

» Client struggling with coming out to family/work

» Client struggling with sexual orientation and/or gender identity
Therapeutic Concerns of SGM People

» Client with anxiety around beginning hormones and coming out in public
» Client considering medical transitioning
» Client needing a therapist's letter to begin hormones - becoming less common practice
» Client needing a therapist's letter to obtain surgery
» Client dealing with domestic violence
The same as any other client! Sometimes the reason an SGM client seeks counseling has nothing to do with their sex, gender or sexual orientation.
Making Things Better

How we can increase access and quality of care
Making Things Better

» Understanding the Barriers to Care
» Staffing
» Physical Space
» Forms
» Talking with SGM/LGBTQ people and their families
1. Present diversity in recruitment/PR materials.
2. Use your non-discrimination policy.
3. Create a safe workplace.
4. Demonstrate care and respect for SGM students, staff and patients.
Making Your Space Welcoming:

» Photos and Pictures
» Posters and Brochures
» Bathrooms
» Books and Magazines
» How People are Greeted
» Subtle Messages
Intake and History Forms

» Gender
» Pronouns
» Sexual Orientation
» Relationships
The Center for Excellence in Transgender Health recommends a two-part question to get accurate information about gender. The first asks about the patient’s current gender identity and the second asks what sex was assigned to the patient at birth. These questions might look like the following:

- What sex were you assigned at birth?
- What gender do you associate with now?
The Center for Excellence suggests that these two questions be followed by a question about the pronouns the patient prefers. In the transgender and gender queer community, this is considered a basic question and including it on your intake form will not only make it clear to your LGBTQ patients that you want to be sensitive to their identity issues, but may also avoid an awkward moment when you use a pronoun to refer to a patient and the patient feels a need to correct you. Here is an example of an appropriate question:

Do you prefer to be referred to as:

- He, him, his
- She, her, hers
- They, them, theirs.
- Something else ____________________
Sexual Orientation

Many medical intake forms do not ask about sexual orientation. If your forms do not, you may want to consider adding a question like the one below alongside other demographic information. While it may take a little more time for patients to complete the form, it will send a clear message to LGBTQ patients that you acknowledge their existence and want to serve them well. It will also help you know how to frame questions about the patient’s relationships and sexual behavior.
Talking with LGBTQ Patients/Clients

» Ask Open-ended Questions:

» The more open-ended your questions, the more room you leave for your patient to share information that may or may not fit your expectations.
Talking with LGBTQ Patients/ Clients

» Follow the Patient’s Lead:

» If a man refers to his husband, then you should, too.

» If a patient presents as male, but discusses herself as a woman, use female pronouns to refer to her.
Talking with LGBTQ Patients/Clients

» Be Respectful and Non-judgmental.

» If your patient shares information that is unexpected, or even shocking, your response will communicate your comfort with this information and may affect the extent to which the patient continues to share important information.
Talking with LGBTQ Patients/Clients

» Make No Assumptions.

• Do not assume that you know the patient’s gender identity
• Do not assume you know the patient’s sexual orientation
• Do not assume that patients’ sexual orientation and gender identity define their behaviors.
Make No Assumptions.

- Do not assume that patients’ sexual orientations determine whether they want to parent a child.
- Do not assume that patients’ sexual orientations determine whether or not they may be affected by domestic/relationship violence.
Talking with LGBTQ Patients.

» When you don’t know, please ask.

» If you are not sure about a patient’s identity, what pronouns s/he prefers, etc., please ask. As long as your question is framed in an open and respectful way, the patient will most likely be grateful for the opportunity to share the information you need. Asking the question indicates that you care about the patient and are not making assumptions.
Questions and Answers

» What have you always wanted to ask but felt afraid, ashamed, or uncomfortable?

During this training, no question is bad or wrong.
Now’s your chance!
Thank You

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SAGE Health Project
Sexuality & Gender Equity