LGBTQA+ Allyship for Healthcare Professionals

Danielle Stamper
she/her/hers
Objectives

• Participants will be able to describe the difference between sex, gender, sexual orientation.
• Participants will be able to use affirming language for the LGBTQA+ community.
• Participants will be able to describe health disparities LGBTQA+ folx experience.
• Participants will be able to identify affirming healthcare practices for caring for LGBTQA+ folx.
Gender

Gender Identity is our internal perception or understanding of our gender based on how our culture defines gender.

Examples: nonbinary, transgender, woman, man, genderqueer

Gender Expression is made up of the ways in which we present ourselves to society. One can express their gender differently than they identify.

Examples: androgynous, feminine, masculine

Biological Sex is made up of gonads, chromosomes, external genitalia, secondary sex characteristics, and hormones; and is usually assigned at birth.

Examples: intersex, female, male

& Pronoun Guide

Pronouns are words used in place of someone’s name.

Subjective | Objective | Possessive Adjective | Possessive Pronoun
---|---|---|---
She laughed | I like her | Her books | Those are hers
He laughed | I like him | His books | Those are his
They laughed | I like them | Their books | Those are theirs
Z* laughed | I like zir | Zir books | Those are zirs

*Zee/zir/zirs pronouns sound like zee, zur, zurz.

May 2018

Ask. Respect. Practice.

Practice using gender neutral language:
Mailman
Mail Carrier
Waitress
Server
Fireman
Firefighter

The University of Toledo
LGBTQA+ Initiatives
The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore
Attraction & Orientation

• Emotional Attraction: a capacity that evokes the want to engage in emotionally intimate behavior, experienced in varying degrees.

• Romantic Attraction: a capacity that evokes the want to engage in romantic intimate behavior, experienced in varying degrees.

• Sexual Attraction: a capacity that evokes the want to engage in physically intimate behavior, experienced in varying degrees.

• Spiritual Attraction: a capacity that evokes the want to engage in intimate behavior based on one’s experience with, interpretation of, or belief in the supernatural, experienced in varying degrees.
Language Dos & Don’ts

Affirming
• Ask about pronouns
  • What are your pronouns?
  • My pronouns are ___, what are yours?
• Use gender inclusive language
  • Partner
  • Parent
  • Child

Harmful
• Assuming pronouns
• Preference
• Lifestyle
• Change/re-assignment
• Behavior
## Language

<table>
<thead>
<tr>
<th>Avoid Saying...</th>
<th>Say Instead...</th>
<th>Why?</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Born female” or “Born male”</td>
<td>“Assigned female/male at birth”</td>
<td>“Assigned” language accurately depicts the situation of what happens at birth.</td>
<td>Mike was assigned female at birth and he transitioned in high school.</td>
</tr>
<tr>
<td>“Female-bodied” or “Male-bodied”</td>
<td></td>
<td>“-bodied” language is often interpreted as an invalidation of one’s gender identity</td>
<td></td>
</tr>
<tr>
<td>“Both genders” or “Opposite sexes”</td>
<td>“All genders”</td>
<td>“Both” implies that are only two; “Opposite” reinforces antagonism amongst genders</td>
<td>“Video games aren’t just a boy thing – kids of all genders play them.”</td>
</tr>
</tbody>
</table>
Federal Laws & Regulations

• Affordable Care Act, Section 1557
  • In June 2020, the Department of Health and Human Services announced the elimination of protections for LGBT patients
  • Aug 2020, a New York federal judge blocked HHS from lifting anti-discrimination protections for LGBT patients

• Bostock v. Clayton County – Supreme Court ruled that LGBT discrimination is sex discrimination under Title II of the Civil Rights Act of 1964

• In 2017 the Centers for Disease Control were banned from using the following words: "vulnerable," "entitlement," "diversity," "transgender," "fetus," "evidence-based" and "science-based."

• National Center for Transgender Equality has a list of anti-LGBTQ actions that have occurred in the past 4 years.
Private Insurance

Transgender exclusions in health insurance service coverage prohibited (24 states, 0 territories + D.C.)

Law prohibits health insurance discrimination based on sexual orientation and gender identity (16 states, 1 territory + D.C.)

Law prohibits health insurance discrimination based only on gender identity only (6 states, 0 territories)

Law prohibits health insurance discrimination based only on sexual orientation only (0 states, 0 territories)

No law providing LGBTQ Inclusive Insurance protections (28 states, 4 territories)
Medicaid

State Medicaid policy explicitly covers health care related to gender transition for transgender people (22 states, 1 territory + D.C.)

State Medicaid has no explicit policy regarding transgender health coverage and care (18 states, 4 territories)

State Medicaid policy explicitly excludes transgender health coverage and care (10 states, 0 territories)

Movement Advancement Project
State Employee Benefits

- **State provides transgender and transition-related healthcare in their state employee health benefits** (17 states, 0 territories + D.C.)

- **State does not include transgender and transition-related healthcare in their state employee health benefits** (21 states, 5 territories)

- **State explicitly excludes transition-related healthcare in their state employee health benefits** (12 states, 0 territories)

U.S. Territories

- American Samoa
- Commonwealth of the Northern Mariana Islands
- Guam
- Puerto Rico
- U.S. Virgin Islands

Movement Advancement Project
# Ohio’s Healthcare Laws and Policies

<table>
<thead>
<tr>
<th>Healthcare Laws and Policies</th>
<th>Sexual Orientation</th>
<th>Gender Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Law Exists?</td>
<td>Tally</td>
</tr>
<tr>
<td>Private Health Insurance Nondiscrimination Laws</td>
<td>✗</td>
<td>0/1</td>
</tr>
<tr>
<td>Health Insurance Providers Banned from Excluding Coverage for Transgender Specific Care</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>State Medicaid Policy Related to Coverage for Transgender People</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Negative Law: Transgender Inclusive Health Benefits for State Employees</strong></td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Data Collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LGBTQ Adults</td>
<td>✓</td>
<td>0.5/0.5</td>
</tr>
<tr>
<td>LGBTQ Youth</td>
<td>✗</td>
<td>0/0.5</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td>0.5/2</td>
</tr>
<tr>
<td><strong>Healthcare Total</strong></td>
<td></td>
<td>-0.5/6.5</td>
</tr>
</tbody>
</table>
Common Barriers to Receiving Care

• Stigma & Discrimination
  • Delay or not seek care at all

• lack of insurance

• lack of cultural competence/sensitivity by health care providers

• socioeconomic barriers
  • low income
  • lack of transportation
  • inadequate housing

• LGBT people experience worse physical health compared to their heterosexual and non-transgender counterparts

• LGBT people experience some health challenges at higher rates, and face several unique health challenges

Kates et al. (2018)
Health Disparities – Chronic Conditions

• Self-identified LGB individuals are more likely than heterosexuals to rate their health as poor, have more chronic conditions, and have higher prevalence and earlier onset of disabilities

• Lesbian and bisexual women report poorer overall physical health and higher rates of asthma, urinary tract infections, Hepatitis B and C, and obesity than heterosexual women

• Gay and bisexual men report more cancer diagnoses and lower survival rates, higher rates of cardiovascular disease and risk factors than heterosexual men

• Transgender persons are the least likely among LGBT individuals to self-report their health as Excellent or Very Good (67% vs. 79%) and are twice as likely to report limitations in daily activities due to impairment of health problems (33% vs. 16%)

Kates et al. (2018)
Health Disparities – Mental Health

- LGBTQ individuals are 2x more likely than heterosexual peers to have a mental health disorder.
- LGBTQ individuals are 2.5x more likely to experience depression, anxiety, and substance misuse compared with heterosexual individuals.
- Women who identify as lesbian/bisexual are more than twice as likely to engage in heavy (alcohol) drinking in the past month than heterosexual women (8.0% vs. 4.4%). Gay/bisexual men were less likely than heterosexual men (8.6% vs 9.9%) to engage in heavy drinking in the past month.
- Transgender individuals who identify as African American/black, Hispanic/Latino, American Indian/Alaska Native, or Multiracial/Mixed Race are at increased risk of suicide attempts than white transgender individuals.
- LGBTQ individuals have higher rates of mental health service use than their heterosexual counterparts.
- The rate of suicide attempts is four times greater for lesbian, gay, and bisexual youth and two times greater for questioning youth than that of heterosexual youth.
Health Disparities – STIs & HIV/AIDS

• Sex education is not typically inclusive of LGBTQ+ persons.
• The transgender community is often less likely to get tested for sexually transmitted infections because of the discrimination and fear faced when having to talk about bodies and identity.
• STI rates are higher among some LGB groups than heterosexuals, and rates have been increasing for some infections.
• Black transwomen have the highest newly diagnosed HIV rates within the transgender community.
• Human Papillomavirus (HPV) is the most common STI and is a major cause of cervical, anal, and mouth cancers.
  • Queer women have lower rates of being screened for HPV.

Kates et al. (2018)
Health Disparities – Sexual Assault & Physical Violence

- 50-66% of transgender individuals are sexually abused or assaulted at some point in their lives
- Transgender folx, especially transwomen of color experience higher rates of violence than their cisgender peers
- Self-reported experiences with physical violence due to sexual orientation among gay men, lesbian women, and bisexual individuals, found almost 8% of individuals have experienced physical violence once and 5.5% have experience physical violence at least twice
Guidelines for Care of LGBTQA+ Patients

• Create a welcoming environment
  • Post LGBTQA+-friendly symbols
  • Inclusive marketing on brochures & posters
    - Including LGBTQA+ specific media
  • Visible non-discrimination policy
  • Observe awareness days

• Customize your patient intake forms & process
  • Asking about gender v. sex
  • Providing space for self-identification
  • Pronouns
  • Gender neutral language if inquiring about relationships
Intake Questions – Sexual Activity

• Ask all patients sexual activity questions in a gender neutral way:
  • Are you sexually active? What does that activity look like to you?
  • With whom are you sexually active?
  • How do your partners identify their gender?
  • What parts of your body do you use when engaging in sexual activity with your partner or partners?
  • Do you practice safer sex? What does that practice look like?
Intake Questions – Violence Screening

• Ask all patients violence screening questions in a gender neutral way:
  • Have you ever been hurt by someone you are close to or involved with, or by a stranger?
  • Are you currently being hurt by someone you are close to or involved with?
  • Have you ever experienced violence or abuse?
  • Have you ever been sexually assaulted/raped?

• Trans folx may be exposed to a routine level of violence – your assessment of risk should be more in-depth

• Any reports of frequent violence should result in the exploration of health issues related to post-traumatic and long-term stress

Language

• Use the language your patients are using
  • Sexual orientation
  • Body
  • Genitals

• Use the name & pronouns your patients use – regardless of legality
Standard Model of Care v. Informed Consent

• Standard Model of Care
  • Currently recommended by the World Professional Association for Transgender Health’s Standards of Care
  • Requires a mental health diagnosis of gender dysphoria for gender-affirming medical care

• Informed consent
  • Personal autonomy of patient is prioritized
  • Involvement of a mental health professional is encouraged but not required
  • No mental health diagnosis is required
Continuing Education

• The World Professional Association for Transgender Health has published *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*

• Gay & Lesbian Medical Association has published *Guidelines for Care for Lesbian, Gay, Bisexual, and Transgender Patients*

• The National LGBTQIA+ Health Education Center provides educational programs, resources, and consultation to health care organizations.

• Look into what is happening in your field or specialization
Works Cited


